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RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

## TEXAS
Part 3
JEFFERSON to ROSENBERG

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Pt. 3

# MEDICARE/MEDICAID NURSING HOME INFORMATION

## 1987-1988

## TEXAS

### Part 3

JEFFERSON TO ROSENBERG

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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**DEPARTMENT OF HEALTH & HUMAN SERVICES**
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

# INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

# USES AND LIMITATIONS

## Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

# DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

# SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

## Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

## State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

# TEXAS LONG TERM CARE INSPECTION SYSTEM

* Overview of nursing home licensure program: Texas has had nursing home licensure since 1953 to assure safe and adequate treatment of individuals in institutions. This program is administered by the Bureau of Long Term Care with inspection personnel located in 25 offices throughout the state. Field offices are under the Regional Medical Director. Generally two major unannounced visits are conducted annually. Licensure activities and Medicare/Medicaid visits are conducted simultaneously.

* Overview of enforcement systems: The licensing agency through the licensure law and Medicare/Medicaid systems may select any number of remedies when deficiencies are noted. The specific action taken is based on findings and professional decisions as to the required remedy. Enforcement options include:

    * Citation of the violation
    * Administrative penalty for selected violations - monetary fine.
    * Withholding of Medicaid funds
    * Denial of certification for Medicare/Medicaid participation
    * Court appointed trustee to assume facility operation
    * Closure of facility and relocation of patients

* Resources: The Texas Department of Health, Bureau of Long Term Care maintains an information service toll-free hotline for individuals to register complaints, request inspection reports, request general information, or seek assistance in any matter relating to nursing homes. This telephone is manned during regular work hours and is on a recorder at other times.

    The toll free number is 1-800-252-9106 and the regular phone number is 512-458-7706.

    The State Ombudsman program is located in the Texas Department on Aging. Mr. John Willis is the State Ombudsman and his address is: Texas Department on Aging, P.O. Box 12786, Austin, Texas 78711, phone number 512-444-2727.

Medicaid fraud and abuse of funds claims are investigated by the Texas Department of Human Services, the Medicaid agency. They may be contacted at: Ms. Sharon E. Thompson, Medicaid Fraud Investigation Coordinator, Texas Department of Human Services, P.O. Box 2960, Austin, Texas 78769, phone number 512-338-6562.

## Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

## AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

**Office for Civil Rights (OCR)**

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

## OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

## Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

# HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

### Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

### Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

### Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

### Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

### Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

### Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

### Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

### Region VII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

### Region X/Seattle

Alaska, Idaho, Oregon, and Washington

# FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

## General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

### Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

### Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

### Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

# GLOSSARY OF TERMS

## Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

**Catheter.** See **Urinary Catheter**.

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

**EXAMPLE**

# NURSING HOME PROFILE
## Happy Valley Nursing Home

| | | | |
|---|---|---|---|
| Street Address: | | City and State: | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory
**Street Address:** Self-explanatory
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|

| **Caution:** *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.* | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 78 | 83.0 | 81.0 | 81.0 |

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.* | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 6 | 5.0 | 489 | 5.0 |

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

# NURSING HOME PROFILE
# MAGNOLIA MANOR NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>510 E BONHAM | | **City and State:**<br>JEFFERSON TX 75657 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 57 | 0 | 49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 96.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 70.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 77.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 70.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 45.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 33.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 14.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 29.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 24 | 42.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 61.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.5 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER INC

| | |
|---|---|
| **Street Address:**<br>1504 OAK STREET | **City and State:**<br>JOURDANTON TX 78026 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>6 | **Medicaid Residents:**<br>29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 95.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 95.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 93.6 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 91.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 100 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 44 | 93.6 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 10 | 21.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 33 | 70.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 4 | 8.5 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 44 | 93.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 12.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 10 | 21.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEISURE LODGE JUNCTION

| | | | |
|---|---|---|---|
| **Street Address:**<br>111 HOSPITAL DR | | **City and State:**<br>JUNCTION TX 76849 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 46 | 78.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 69.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 61.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 54.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 72.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 6 | 10.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 35 | 59.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 21 | 35.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 33.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 8.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 15 | 25.4 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KARNES CITY CARE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>209 COUNTRY CLUB DR BOX 430 | | **City and State:**<br>KARNES CITY TX 78118 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>48 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 98.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 52 | 88.1 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 78.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 78.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 59.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.1 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 30.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 11 | 18.6 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 29 | 49.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 29 | 49.2 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 35 | 59.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 6.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 14 | 23.7 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KATYVILLE HEALTHCARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>5129 E 5TH | | **City and State:**<br>KATY TX 77449 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 86 | 0 | 52 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 37.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 74.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 52 | 60.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 60.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 39.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 16.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 3.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 52 | 60.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 42 | 48.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 42 | 48.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 11 | 12.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RENAISSANCE PLACE KATY

| | | | |
|---|---|---|---|
| **Street Address:**<br>1525 TULL DRIVE | | **City and State:**<br>KATY TX 77449 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>130 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>116 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>69 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 79 | 68.1 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 55.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 95 | 81.9 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 93 | 80.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 79 | 68.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 26.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 11 | 9.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 69 | 59.5 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 29 | 25.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 71 | 61.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 12 | 10.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 60 | 51.7 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEISURE LODGE KAUFMAN

| | |
|---|---|
| **Street Address:**<br>3001 S HOUSTON ST | **City and State:**<br>KAUFMAN TX 75142 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>115 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>105 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>85 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 28 | 26.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 72.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 61 | 58.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 53.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 57.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.9 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 28.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 20 | 19.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 36 | 34.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 48 | 45.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 69 | 65.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 27 | 25.7 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROSE HAVEN OF KAUFMAN INC

| | |
|---|---|
| **Street Address:**<br>102 E 9TH STREET | **City and State:**<br>KAUFMAN TX 75142 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>37 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>35 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>19 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 31 | 88.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 24 | 68.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 20 | 57.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 48.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 57.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 28.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 5.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 14 | 40.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 0 | 0.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 12 | 34.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 5.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 35 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TOWN HALL ESTATES

| | |
|---|---|
| **Street Address:**<br>207 S OLD BETSY RD | **City and State:**<br>KEENE TX 76059 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>130 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>107 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>59 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 92 | 86.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 89 | 83.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 86 | 80.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 86 | 80.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 77 | 72.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 16.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 10 | 9.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 65 | 60.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 26 | 24.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 54 | 50.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 6.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MIMOSA MANOR CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>459 E PRICE BOX 485 | | **City and State:**<br>KELLER TX 76248 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>122 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>96 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 119 | 97.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 111 | 91.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 59.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 61.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 86 | 70.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 23.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 67 | 54.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 39 | 32.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 52 | 42.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 3.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 32 | 26.2 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KEMP CARE CENTER INC

| | |
|---|---|
| **Street Address:**<br>600 NORTH ADAMS STREET | **City and State:**<br>KEMP TX 75143 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/17/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 28 | 59.6 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 76.6 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 76.6 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 76.6 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 63.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 29.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 6.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 48.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 6 | 12.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 0 | 0.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREENS NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>505 W MAIN ST | | **City and State:**<br>KENEDY TX 78119 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 98.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 86.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 60.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 60.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 51.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 45.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 11.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 27 | 52.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 37.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 68.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 9.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# JOHN PAUL II NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>215 TILDEN | | **City and State:**<br>KENEDY TX 78119 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>73 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 60 | 0 | 43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 57 | 95.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 52 | 86.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 55.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 83.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 53.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 41 | 68.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 6.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 27 | 45.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 25.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 43 | 71.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RESTFUL ACRES CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>HIGHWAY 181 BOX E | | **City and State:**<br>KENEDY TX 78119 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 45 | 0 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 31 | 68.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 80.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 68.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 68.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 57.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 28 | 62.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 44.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 5 | 11.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 46.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 6.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KENNEDALE NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>413 MANSFIELD CARDINAL RD BOX 447 | | **City and State:**<br>KENNEDALE TX 76060 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 54 | 0 | 44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 92.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 70.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 75.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 61.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 61.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 74.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 44.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 35.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 88.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 29.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAYWOOD MANOR INC

| | |
|---|---|
| **Street Address:**<br>4TH & MARGARET ROUTE 1 BOX 30 | **City and State:**<br>KERENS TX 75144 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>56 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 54 | 96.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 71.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 69.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 55.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 71.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 32.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 40 | 71.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 51.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 27 | 48.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 26 | 46.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KERMIT NURSING CTR

| | |
|---|---|
| **Street Address:**<br>SCHOOL STREET | **City and State:**<br>KERMIT TX 79745 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>78 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 49 | 83.1 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 47 | 79.7 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 84.7 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 54.2 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 71.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 57.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 33.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 23.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 49 | 83.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 59 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EDGEWATER CARE CTR

| | |
|---|---|
| **Street Address:**<br>1213 WATER ST | **City and State:**<br>KERRVILLE TX 78028 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>183 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>126 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>99 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 115 | 91.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 93 | 73.8 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 79 | 62.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 71.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 80 | 63.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.6 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 15.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 2.4 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 86 | 68.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 49 | 38.9 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 56 | 44.4 | 60.2 | 58.4 |
| **Residents with bed sores.** | 5 | 4.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 48 | 38.1 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLTOP VILLAGE

| | | | |
|---|---|---|---|
| **Street Address:**<br>HILLTOP CIRCLE | | **City and State:**<br>KERRVILLE TX 78028 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>80 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 95.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 65 | 81.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 78.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 71.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 78.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 27.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 5 | 6.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 57 | 71.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 29 | 36.2 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 41 | 51.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 2 | 2.5 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 47 | 58.7 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SID PETERSON MEM HOSP

| | |
|---|---|
| **Street Address:**<br>710 WATER ST | **City and State:**<br>KERRVILLE TX 78028 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>14 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>01/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 3 | 2 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 3 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 3 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 3 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 3 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 3 | 100 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 66.7 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 1 | 33.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 33.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 2 | 66.7 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 1 | 33.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREGG HOME FOR THE AGED

| | |
|---|---|
| **Street Address:**<br>ROUTE 5 BOX 135 | **City and State:**<br>KILGORE TX 75662 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 43.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 22 | 38.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 11 | 19.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 11 | 19.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 29.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 8.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 9 | 15.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 4 | 7.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 35.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 15.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KILGORE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>2700 HENDERSON BLVD | **City and State:**<br>KILGORE TX 75662 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>115 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>103 | **Medicare Residents:**<br>2 | **Medicaid Residents:**<br>83 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 98 | 95.1 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 84 | 81.6 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 70 | 68.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 86 | 83.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 68.0 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 52 | 50.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 4 | 3.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 69 | 67.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 52 | 50.5 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 74 | 71.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 3 | 2.9 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 68 | 66.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# STONE ROAD NURSING CENTER INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>BOX 1317 | | **City and State:**<br>KILGORE TX 75662 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 54 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 79.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 70.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 68.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 55.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 63.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 28 | 51.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 21 | 38.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 10 | 18.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 53.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 14 | 25.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BELL HAVEN NURSING & CONVALESCENT CTR.

| | |
|---|---|
| **Street Address:**<br>1002 MEDICAL DRIVE | **City and State:**<br>KILLEEN TX 76541 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>126 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>120 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>79 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 107 | 89.2 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 90 | 75.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 107 | 89.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 75.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 107 | 89.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.7 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 33.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 90 | 75.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 90 | 75.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 69 | 57.5 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 5.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 64 | 53.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KILLEEN NURSING HOME

| | |
|---|---|
| **Street Address:**<br>710 WEST RANCIER AVENUE | **City and State:**<br>KILLEEN TX 76541 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 84.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 82.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 80.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 80.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 80.0 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 38.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 7 | 14.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 33 | 66.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 13 | 26.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 8 | 16.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 9 | 18.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 33 | 66.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KINGSLAND HILLS CARE CENTER

| | |
|---|---|
| **Street Address:**<br>HIGHWAY 1431 DRAWER 1079 | **City and State:**<br>KINGSLAND TX 78639 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>108 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 99 | 98.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 74.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 66 | 65.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 89 | 88.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 65.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 7 | 6.9 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 24.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 43 | 42.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 22 | 21.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 57 | 56.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 25 | 24.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER KINGSVILLE

| | | | |
|---|---|---|---|
| **Street Address:**<br>316 GENERAL CAVAZOS BOULEVARD | | **City and State:**<br>KINGSVILLE TX 78363 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>162 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 86 | 0 | 75 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 75 | 87.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 80 | 93.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 71 | 82.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 77.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 58.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.7 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 33.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 65 | 75.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 59 | 68.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 55.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 2.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AVALON PLACE

| | | | |
|---|---|---|---|
| **Street Address:**<br>P O BOX 506 | | **City and State:**<br>KIRBYVILLE TX 75969 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 48 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 74 | 100 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 44 | 59.5 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 39 | 52.7 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 43.2 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 54.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 6 | 8.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 6.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 29 | 39.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 23.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 41 | 55.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 8.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRAZOS VALLEY CARE HOME INC

| | |
|---|---|
| **Street Address:**<br>605 AVE F SOUTH | **City and State:**<br>KNOX CITY TX 79529 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 72.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 67.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 67.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 70.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 55.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 27.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 8.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 36 | 62.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 32.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 46 | 79.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 10.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 13 | 22.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KOUNTZE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>FM ROAD 1293 BOX 940 | **City and State:**<br>KOUNTZE TX 77625 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 87.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 89.1 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 48 | 87.3 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 67.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 85.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.8 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 49.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 16 | 29.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 15 | 27.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 24 | 43.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 55 | 100 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 15 | 27.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARE INN OF LAGRANGE

| | |
|---|---|
| **Street Address:**<br>P O BOX 398 | **City and State:**<br>LA GRANGE TX 78945 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>98 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>82 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 80.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 81.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 59 | 72.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 81.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 51 | 62.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 36.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 31 | 37.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 29.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 27 | 32.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 56 | 68.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 8.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 47 | 57.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MONUMENT HILLS NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>SPUR 92 AND HIGHWAY 77 | | **City and State:**<br>LA GRANGE TX 78945 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>111 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 3 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 3 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 2 | 66.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 2 | 66.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 66.7 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 2 | 66.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 1 | 33.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 2 | 66.7 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 1 | 33.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 1 | 33.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 0 | 0.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HAPPY HARBOR METHODIST HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>1106 BAYSHORE DR | | **City and State:**<br>LA PORTE TX 77571 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>140 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>01/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 27 | 0 | 17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 27 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 20 | 74.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 15 | 55.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 74.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 51.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 29.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 8 | 29.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 6 | 22.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 23 | 85.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 3.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 18.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LA PORTE CARE CENTER

| | |
|---|---|
| **Street Address:**<br>208 S UTAH ST | **City and State:**<br>LA PORTE TX 77571 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>58 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>45 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 30 | 66.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 77.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 75.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 71.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 68.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 11.1 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 26.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 51.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 31.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 19 | 42.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 6.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKE JACKSON NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>413 GARLAND DR | | **City and State:**<br>LAKE JACKSON TX 77566 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>84 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>50 |

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 69 | 82.1 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 72 | 85.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 67 | 79.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 76.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 67 | 79.8 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 23.8 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 15 | 17.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 49 | 58.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 27 | 32.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 52 | 61.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 21 | 25.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 9 | 10.7 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKE LODGE

| | |
|---|---|
| **Street Address:**<br>3800 MARINA DRIVE | **City and State:**<br>LAKE WORTH TX 76135 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>106 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>91 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 100 | 94.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 100 | 94.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 67.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 55.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 67.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 7.5 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 27.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 68 | 64.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 38 | 35.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 3 | 2.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 52 | 49.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 7.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1201 N 15TH STREET | **City and State:**<br>LAMESA TX 79731 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>42 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 100 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 64.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 64.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 64.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 28.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 19 | 45.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 47.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 11 | 26.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 11 | 26.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 11 | 26.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAMESA NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1818 N 7TH ST | | **City and State:**<br>LAMESA TX 79331 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 30 | 0 | 20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 83.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 22 | 73.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 63.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 63.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 50.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 33.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 16.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 14 | 46.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 12 | 40.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 14 | 46.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 6.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 20.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAMPASAS MANOR

| | |
|---|---|
| **Street Address:**<br>611 N BROAD ST | **City and State:**<br>LAMPASAS TX 76550 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>68 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>66 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 83.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 53 | 80.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 48 | 72.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 62.1 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 74.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 32 | 48.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 47 | 71.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 39 | 59.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 32 | 48.5 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 6.1 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 11 | 16.7 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
rom the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEISURE LODGE LAMPASAS

| | | | |
|---|---|---|---|
| **Street Address:**<br>FARM ROAD 580 EAST | | **City and State:**<br>LAMPASAS TX 76550 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 84 | 0 | 69 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 84.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 73 | 86.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 53 | 63.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 59.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 50.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 35.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 9.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 43 | 51.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 34.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 56 | 66.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 8.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 8.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LANCASTER NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>1515 NORTH ELM | | **City and State:**<br>LANCASTER TX 75134 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 114 | 0 | 81 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 92 | 80.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 71 | 62.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 55.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 55.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 48.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 7 | 6.1 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 35.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 3.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 54 | 47.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 27 | 23.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 50 | 43.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 5.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 24 | 21.1 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SILENT NIGHT NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>346 W REDBUD | | **City and State:**<br>LANCASTER TX 75146 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>148 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 66 | 0 | 60 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 61 | 92.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 69.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 60.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 56.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 65.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 36 | 54.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 12.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 50.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 3 | 4.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 24 | 36.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.5 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of leficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented pelow does not reflect the severity or the duration of the problems leading to a deficiency. A leficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTRIDGE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1241 WESTRIDGE | **City and State:**<br>LANCASTER TX 75146 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>115 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>89 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing**<br>Residents requiring some or total assistance in bathing. | 100 | 87.0 | 81.7 | 78.3 |
| **ressing**<br>Residents requiring some or total assistance in dressing. | 92 | 80.0 | 77.7 | 76.7 |
| **oileting**<br>Residents requiring some or total assistance in toileting. | 73 | 63.5 | 66.9 | 63.4 |
| **ransferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 58.3 | 64.7 | 66.0 |
| **ontinence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 56.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **ating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 29.6 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 7 | 6.1 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 63 | 54.8 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 37 | 32.2 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 67 | 58.3 | 59.0 | 55.8 |
| **esidents with bed sores.** | 12 | 10.4 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 50 | 43.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER WEST

| | | | |
|---|---|---|---|
| **Street Address:**<br>1200 LANE STREET | | **City and State:**<br>LAREDO TX 78040 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>208 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 163 | 3 | 150 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 159 | 97.5 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 157 | 96.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 140 | 85.9 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 137 | 84.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 128 | 78.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 1.8 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 75 | 46.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 1.8 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 129 | 79.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 129 | 79.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 119 | 73.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 7 | 4.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 8 | 4.9 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| ach resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| ursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR-SOUTH

| | | | |
|---|---|---|---|
| **Street Address:**<br>1102 GALVESTON | | **City and State:**<br>LAREDO TX 78040 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>97 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>90 |

| **aution:** A large number of residents with these characteristics does not indicate whether those sidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing**<br>Residents requiring some or total assistance in bathing. | 82 | 84.5 | 81.7 | 78.3 |
| **ressing**<br>Residents requiring some or total assistance in dressing. | 79 | 81.4 | 77.7 | 76.7 |
| **oileting**<br>Residents requiring some or total assistance in toileting. | 70 | 72.2 | 66.9 | 63.4 |
| **ransferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 79 | 81.4 | 64.7 | 66.0 |
| **ontinence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 72.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.0 | 1.7 | 6.1 |
| **ating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 38.1 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 64 | 66.0 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 46 | 47.4 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 70 | 72.2 | 59.0 | 55.8 |
| **esidents with bed sores.** | 5 | 5.2 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 1 | 1.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| ll common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| ll essential mechanical and electrical equipment is maintained in safe operating ondition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility has available at all times a quantity of linen essential for proper care and omfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
om the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BAYWIND VILLAGE CONVALESCENT CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>411 ALABAMA | | **City and State:**<br>LEAGUE CITY TX 77573 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 89 | 0 | 40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 42.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 71.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 43.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 47.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 50.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 38.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 7.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 45 | 50.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 41 | 46.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 40 | 44.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 54 | 60.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEONARD NURSING HOME

| | |
|---|---|
| **Street Address:**<br>EAST HACKBERRY ST P O BOX 358 | **City and State:**<br>LEONARD TX 75452 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>50 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 60.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 59 | 85.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 48 | 69.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 78.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 58.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 30.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 12 | 17.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 33.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 24.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 34 | 49.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 5.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 17 | 24.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEVELLAND NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>210 WEST AVE | | **City and State:**<br>LEVELLAND TX 79336 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>89 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 81 | 0 | 62 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 74 | 91.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 74 | 91.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 53 | 65.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 78 | 96.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 70.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 6.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 27.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 49 | 60.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 30.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 43 | 53.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 12 | 14.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 14.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEWISVILLE NURSING HOME

| | |
|---|---|
| **Street Address:**<br>740 EDMONDS LANE | **City and State:**<br>LEWISVILLE TX 75067 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>48 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 87.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 85.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 77.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 75.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 68.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 41.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 36 | 75.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 39.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 62.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 14.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
rom the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TWIN PINES NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>169 LAKE PARK RD | | **City and State:**<br>LEWISVILLE TX 75067 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 102 | 0 | 66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 90 | 88.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 90 | 88.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 66 | 64.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 51.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 49.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 5.9 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 32.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 2.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 42 | 41.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 30 | 29.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 5.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 38 | 37.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN CHARM NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1206 NORTH TRAVIS | | **City and State:**<br>LIBERTY TX 77575 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>115 | **Medicare Residents:**<br>2 | **Medicaid Residents:**<br>89 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 113 | 98.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 93 | 80.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 91 | 79.1 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 80 | 69.6 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 65.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.6 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 73 | 63.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 77 | 67.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 38 | 33.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 69 | 60.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 82 | 71.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 5.2 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 20 | 17.4 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LINDALE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>800 NORTH COLLEGE STREET | **City and State:**<br>LINDALE TX 75771 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>89 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>49 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 29 | 59.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 59.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 59.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 46.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 59.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 34.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 46.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 9 | 18.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 34 | 69.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 4.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| ach resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| ursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAK MANOR NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>HIGHWAY 11 WEST | | **City and State:**<br>LINDEN TX 75563 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>107 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/02/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 89 | 0 | 75 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 44 | 49.4 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 34 | 38.2 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 38.2 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 40.4 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 42.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 17 | 19.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 5.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 10 | 11.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 15.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 65 | 73.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 22 | 24.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the cility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| l common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| l essential mechanical and electrical equipment is maintained in safe operating ondition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| olation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility has available at all times a quantity of linen essential for proper care and omfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
om the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KNIGHTS NURSING HOME

| | |
|---|---|
| **Street Address:**<br>520 ASH ST | **City and State:**<br>LITTLEFIELD TX 79339 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 94.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 74.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 70.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 70.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 70.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 34.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 10.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 31 | 53.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 31.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 56.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 8.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.7 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| ach resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| ach resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| ursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LITTLEFIELD HOSPITALITY HOUSE

| | |
|---|---|
| **Street Address:**<br>1609 WEST TENTH STREET | **City and State:**<br>LITTLEFIELD TX 79339 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>46 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 97.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 93.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 71.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 78.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 78.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 43.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 24 | 52.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 12 | 26.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 8 | 17.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 41 | 89.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 19.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BUR MONT NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>154 BANKS DRIVE | **City and State:**<br>LIVINGSTON TX 77351 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>92 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 87 | 94.6 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 72 | 78.3 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 55 | 59.8 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 52.2 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 54.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 21.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 43 | 46.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 36 | 39.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 55.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 13.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

'acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a in indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of ficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility is deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ie facility ensures that its written procedures regarding the rights and sponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| ie facility uses a system that assures full and complete accounting of residents' rsonal funds. An accounting report is made to each resident in a skilled nursing cility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| ach resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| rugs to control behavior and physical restraints are only used when authorized by a iysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| ie facility ensures that the health care of each resident is under the continuing ipervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| ursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and oportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LIVINGSTON CONVALESCENT CENTER

| | |
|---|---|
| **Street Address:**<br>1810 NORTH WASHINGTON | **City and State:**<br>LIVINGSTON TX 77351 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>39 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing** | | | | |
| Residents requiring some or total assistance in bathing. | 33 | 63.5 | 81.7 | 78.3 |
| **ressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 69.2 | 77.7 | 76.7 |
| **oileting** | | | | |
| Residents requiring some or total assistance in toileting. | 34 | 65.4 | 66.9 | 63.4 |
| **ransferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 50.0 | 64.7 | 66.0 |
| **ontinence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 51.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 17.3 | 1.7 | 6.1 |
| **ating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 36.5 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 2 | 3.8 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 23 | 44.2 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 13 | 25.0 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 28 | 53.8 | 59.0 | 55.8 |
| **esidents with bed sores.** | 7 | 13.5 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 21 | 40.4 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
rom the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TIMBERWOOD NH

| | |
|---|---|
| **Street Address:**<br>HWY 59 NORTH BYPASS | **City and State:**<br>LIVINGSTON TX 77351 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>5 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 5 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 3 | 60.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 5 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 5 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 5 | 100 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 2 | 40.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 20.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 2 | 40.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 5 | 100 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 5 | 100 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| ach resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| ursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARE INN OF LLANO

| | |
|---|---|
| **Street Address:**<br>800 W HAYNIE | **City and State:**<br>LLANO TX 78643 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>92 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>71 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>45 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 65 | 91.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 63 | 88.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 54 | 76.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 76.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 59 | 83.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 51 | 71.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 39 | 54.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 28 | 39.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 71 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 8.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical unctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| enus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| ll common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| ll essential mechanical and electrical equipment is maintained in safe operating ondition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility has available at all times a quantity of linen essential for proper care and omfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
om the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILL COUNTRY MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>507 E GREEN | | **City and State:**<br>LLANO TX 78643 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>86 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 72 | 97.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 68.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 60.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 51.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 66.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 35.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 8.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 30 | 40.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 11 | 14.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 44.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 2.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARTWHEEL LODGE OF LOCKHART

| | | | |
|---|---|---|---|
| **Street Address:**<br>107 N MEDINA | | **City and State:**<br>LOCKHART TX 78644 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/09/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 87 | 0 | 60 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing** | | | | |
| Residents requiring some or total assistance in bathing. | 87 | 100 | 81.7 | 78.3 |
| **ressing** | | | | |
| Residents requiring some or total assistance in dressing. | 75 | 86.2 | 77.7 | 76.7 |
| **oileting** | | | | |
| Residents requiring some or total assistance in toileting. | 66 | 75.9 | 66.9 | 63.4 |
| **ransferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 69 | 79.3 | 64.7 | 66.0 |
| **ontinence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 75.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **ating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 27.6 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 31 | 35.6 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 20 | 23.0 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 38 | 43.7 | 59.0 | 55.8 |
| **esidents with bed sores.** | 2 | 2.3 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 4 | 4.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through ıbes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical ınctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| lenus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on ne recommended dietary allowances of the Food and Nutrition Board of the lational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| ll common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| ll essential mechanical and electrical equipment is maintained in safe operating ondition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility has available at all times a quantity of linen essential for proper care and omfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
om the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN AGE HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>P O BOX 870 | | **City and State:**<br>LOCKHART TX 78644 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>87 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 67 | 77.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 54.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 52.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 50.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 44.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 34.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 15 | 17.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 28.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 23.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 6.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 70 | 80.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a n indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of iciencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility s deficient in the indicated area at the time of the survey.

| **minder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| e facility ensures that its written procedures regarding the rights and sponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| e facility uses a system that assures full and complete accounting of residents' rsonal funds. An accounting report is made to each resident in a skilled nursing cility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| ch resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| ugs to control behavior and physical restraints are only used when authorized by a ysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| ch resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| ch resident is allowed to communicate, associate and meet privately with lividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| ch resident is allowed to retain and use his/her personal possessions and clothing space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| cept in a medical emergency, a resident is not transferred or discharged, nor is atment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| e facility ensures that the health care of each resident is under the continuing pervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| nergency services from a physician are available and provided to each resident o requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| rsing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| ch resident receives daily personal hygiene as needed to assure cleanliness, good n care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| ch resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| ch resident with a bed sore receives care necessary to promote the healing of the d sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| ch resident who has problems with bowel and bladder control is provided with re necessary to encourage self control, including frequent toileting and portunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| ch resident with a urinary catheter receives proper routine care, including periodic aluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LOCKNEY CARE CENTER

| | |
|---|---|
| **Street Address:**<br>401 NORTH MAIN | **City and State:**<br>LOCKNEY TX 79241 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>37 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing** | | | | |
| Residents requiring some or total assistance in bathing. | 32 | 86.5 | 81.7 | 78.3 |
| **ressing** | | | | |
| Residents requiring some or total assistance in dressing. | 25 | 67.6 | 77.7 | 76.7 |
| **oileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 86.5 | 66.9 | 63.4 |
| **ransferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 54.1 | 64.7 | 66.0 |
| **ontinence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 86.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **ating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 27.0 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 20 | 54.1 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 4 | 10.8 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 11 | 29.7 | 59.0 | 55.8 |
| **esidents with bed sores.** | 3 | 8.1 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 3 | 8.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
## CLEAVER MEMORIAL CONV CTR

| | |
|---|---|
| **Street Address:**<br>1000 SAPPHIRE STREET | **City and State:**<br>LONGVIEW TX 75602 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>65 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>57 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 92.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 92.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 58.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 61.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 58.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 32 | 49.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 27.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 24 | 36.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 26.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 23.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 53.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.5 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HIGHLAND PINES NURSING HOME

|  |  |  |  |
|---|---|---|---|
| **Street Address:**<br>1100 NORTH FOURTH ST | | **City and State:**<br>LONGVIEW TX 75601 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>158 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 99 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 93 | 93.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 74 | 74.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 57 | 57.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 58.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 69.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 18.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 26 | 26.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 24.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 44 | 44.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 51.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 5.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 15 | 15.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through bes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning d tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical nctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| enus are planned and followed to meet the nutritional needs of each resident in cordance with physicians' orders, and to the extent medically possible, based on e recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance th accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the cility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs d interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident cording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| l common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| l essential mechanical and electrical equipment is maintained in safe operating ndition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| olation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| e facility has available at all times a quantity of linen essential for proper care and mfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary nditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
m the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HOLIDAY LODGE NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>1301 EDEN DRIVE | | **City and State:**<br>LONGVIEW TX 75601 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>158 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 127 | 1 | 101 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 109 | 85.8 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 87 | 68.5 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 81 | 63.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 79 | 62.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 48.8 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 43 | 33.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 9 | 7.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 63 | 49.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 27 | 21.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 85 | 66.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 11 | 8.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 11 | 8.7 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a an indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility as deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing cility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| ach resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| ach resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is eatment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| mergency services from a physician are available and provided to each resident ho requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| ursing services are provided at all times to meet the needs of residents. | NOT MET | 18 | 6.5 | 508 | 5.4 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| ach resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | NOT MET | 15 | 5.5 | 1052 | 11.1 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LYNN LODGE NH

| | |
|---|---|
| **Street Address:**<br>111 RUTH LYNN LODGE DR | **City and State:**<br>LONGVIEW TX 75601 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>118 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>80 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>71 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing** | | | | |
| Residents requiring some or total assistance in bathing. | 60 | 75.0 | 81.7 | 78.3 |
| **ressing** | | | | |
| Residents requiring some or total assistance in dressing. | 64 | 80.0 | 77.7 | 76.7 |
| **oileting** | | | | |
| Residents requiring some or total assistance in toileting. | 37 | 46.2 | 66.9 | 63.4 |
| **ransferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 36.2 | 64.7 | 66.0 |
| **ontinence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 45.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **ating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 32.5 | 31.6 | 29.3 |
| **ompletely bedfast residents.** | 8 | 10.0 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 28 | 35.0 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 22 | 27.5 | 31.7 | 31.7 |
| **onfused or disoriented residents.** | 66 | 82.5 | 59.0 | 55.8 |
| **esidents with bed sores.** | 1 | 1.2 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 5 | 6.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE TREE LODGE NURSING CTR

| | |
|---|---|
| **Street Address:**<br>2711 PINE TREE RD | **City and State:**<br>LONGVIEW TX 75601 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/02/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 86.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 62.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 66.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 78.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 47.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 27 | 52.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 8 | 15.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 49 | 96.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 44 | 86.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 9.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

acility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a n indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of ficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility s deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented low does not reflect the severity or the duration of the problems leading to a deficiency. A ficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| e facility ensures that its written procedures regarding the rights and sponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| e facility uses a system that assures full and complete accounting of residents' rsonal funds. An accounting report is made to each resident in a skilled nursing cility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| ch resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| ugs to control behavior and physical restraints are only used when authorized by a ysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| ch resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| ch resident is allowed to communicate, associate and meet privately with dividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| ch resident is allowed to retain and use his/her personal possessions and clothing space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| cept in a medical emergency, a resident is not transferred or discharged, nor is atment changed radically, without consultation with the resident or, if the resident incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| e facility ensures that the health care of each resident is under the continuing pervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| nergency services from a physician are available and provided to each resident no requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| rsing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| ch resident receives daily personal hygiene as needed to assure cleanliness, good in care, good grooming, and oral hygiene taking into account individual eferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| ch resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| ch resident with a bed sore receives care necessary to promote the healing of the d sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| ch resident who has problems with bowel and bladder control is provided with re necessary to encourage self control, including frequent toileting and portunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| ch resident with a urinary catheter receives proper routine care, including periodic aluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUMMER MEADOWS

| | | | |
|---|---|---|---|
| **Street Address:**<br>301 HOLLEYBROOK DRIVE | | **City and State:**<br>LONGVIEW TX 75601 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>27 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>23 |

| **aution:** A large number of residents with these characteristics does not indicate whether those sidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing** | | | | |
| Residents requiring some or total assistance in bathing. | 27 | 100 | 84.3 | 81.5 |
| **ressing** | | | | |
| Residents requiring some or total assistance in dressing. | 27 | 100 | 83.7 | 83.2 |
| **oileting** | | | | |
| Residents requiring some or total assistance in toileting. | 26 | 96.3 | 74.0 | 73.8 |
| **ransferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 96.3 | 73.5 | 77.2 |
| **ontinence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 85.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 7.4 | 1.3 | 4.6 |
| **ating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 24 | 88.9 | 42.2 | 37.7 |
| **ompletely bedfast residents.** | 15 | 55.6 | 13.5 | 3.4 |
| **esidents confined to chairs.** | 12 | 44.4 | 52.2 | 50.8 |
| **esidents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **onfused or disoriented residents.** | 2 | 7.4 | 60.2 | 58.4 |
| **esidents with bed sores.** | 2 | 7.4 | 8.5 | 7.1 |
| **esidents receiving special skin care.** | 0 | 0.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE CLAIRMONT

| | | | |
|---|---|---|---|
| **Street Address:**<br>3201 N FOURTH ST | | **City and State:**<br>LONGVIEW TX 75601 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>128 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 88 | 6 | 66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 62.5 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 62.5 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 47 | 53.4 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 54.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 37.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 26.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 5 | 5.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 30 | 34.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 5 | 5.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 28 | 31.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 4.5 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 2 | 2.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of eficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

| **eminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| he facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| he facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| ach resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| rugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| ach resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| ach resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| ach resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| xcept in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| he facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| mergency services from a physician are available and provided to each resident vho requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| ursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| ach resident receives daily personal hygiene as needed to assure cleanliness, good kin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| ach resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| ach resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| ach resident who has problems with bowel and bladder control is provided with are necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| ach resident with a urinary catheter receives proper routine care, including periodic valuation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILLOWBROOK MANOR NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>112 RUTHLYNN DRIVE | | **City and State:**<br>LONGVIEW TX 75601 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 124 | 4 | 79 |

| ution: A large number of residents with these characteristics does not indicate whether those sidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ghly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing**<br>Residents requiring some or total assistance in bathing. | 117 | 94.4 | 84.3 | 81.5 |
| **ressing**<br>Residents requiring some or total assistance in dressing. | 101 | 81.5 | 83.7 | 83.2 |
| **oileting**<br>Residents requiring some or total assistance in toileting. | 89 | 71.8 | 74.0 | 73.8 |
| **ansferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 101 | 81.5 | 73.5 | 77.2 |
| **ontinence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 78 | 62.9 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.6 | 1.3 | 4.6 |
| **ating**<br>Residents receiving tube feedings or requiring assistance with eating. | 38 | 30.6 | 42.2 | 37.7 |
| **ompletely bedfast residents.** | 11 | 8.9 | 13.5 | 3.4 |
| **esidents confined to chairs.** | 49 | 39.5 | 52.2 | 50.8 |
| **esidents requiring restraints.** | 55 | 44.4 | 39.0 | 41.3 |
| **onfused or disoriented residents.** | 74 | 59.7 | 60.2 | 58.4 |
| **esidents with bed sores.** | 7 | 5.6 | 8.5 | 7.1 |
| **esidents receiving special skin care.** | 13 | 10.5 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LORAINE NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>CAMPBELL AVENUE | | **City and State:**<br>LORAINE TX 79532 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 37 | 0 | 32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 97.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 16 | 43.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 13 | 35.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 15 | 40.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 27.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 21.6 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 13.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 16.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 12 | 32.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 54.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 2 | 5.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 8.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BENDER TERRACE NURS HOME

| | |
|---|---|
| **Street Address:**<br>4510 27TH ST | **City and State:**<br>LUBBOCK TX 79410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>71 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>49 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 98.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 85.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 73.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 67.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 65.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 26.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 4.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 19 | 38.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 20.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 40.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL MEDI CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>4320 WEST 19TH ST | | **City and State:**<br>LUBBOCK TX 79407 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>144 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>89 | **Medicare Residents:**<br>2 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 70 | 78.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 61 | 68.5 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 57 | 64.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 56.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 58.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 30.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 3.4 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 25 | 28.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 35 | 39.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 21 | 23.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 10 | 11.2 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 14 | 15.7 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN AGE NURSING HOME

| | | | |
|---|---|---|---|
| **treet Address:**<br>2613 34TH STREET | | **City and State:**<br>LUBBOCK TX 79410 | |
| **articipation:**<br>MEDICAID ICF | **# of Beds:**<br>42 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **otal Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 42 | 0 | 25 |

| **ution:** A large number of residents with these characteristics does not indicate whether those idents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide hly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing**<br>Residents requiring some or total assistance in bathing. | 26 | 61.9 | 81.7 | 78.3 |
| **essing**<br>Residents requiring some or total assistance in dressing. | 32 | 76.2 | 77.7 | 76.7 |
| **ileting**<br>Residents requiring some or total assistance in toileting. | 29 | 69.0 | 66.9 | 63.4 |
| **ansferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 71.4 | 64.7 | 66.0 |
| **ntinence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 78.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **ting**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 38.1 | 31.6 | 29.3 |
| **mpletely bedfast residents.** | 2 | 4.8 | 10.4 | 3.6 |
| **esidents confined to chairs.** | 19 | 45.2 | 46.1 | 39.1 |
| **esidents requiring restraints.** | 12 | 28.6 | 31.7 | 31.7 |
| **nfused or disoriented residents.** | 14 | 33.3 | 59.0 | 55.8 |
| **esidents with bed sores.** | 5 | 11.9 | 5.1 | 4.7 |
| **esidents receiving special skin care.** | 13 | 31.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKESIDE CARE CENTER

| | |
|---|---|
| **Street Address:**<br>4306 24TH ST | **City and State:**<br>LUBBOCK TX 79410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>93 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>03/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>83 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 79 | 95.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 56 | 67.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 47 | 56.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 66.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 54.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 25.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 9.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 35 | 42.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 22 | 26.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 42 | 50.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 8 | 9.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 26 | 31.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LUBBOCK HEALTH CARE CENTER

| | |
|---|---|
| **Street Address:**<br>4120 22ND PLACE | **City and State:**<br>LUBBOCK TX 79410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>91 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>56 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 61.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 70.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 57 | 62.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 79.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 48.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.1 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 36.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 7 | 7.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 21 | 23.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 38.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 4.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 11.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LUBBOCK HOSPITALITY HOUSE

| | | | |
|---|---|---|---|
| **Street Address:**<br>4710 SLIDE RD | | **City and State:**<br>LUBBOCK TX 79410 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>117 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 111 | 0 | 58 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 92 | 82.9 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 83 | 74.8 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 81 | 73.0 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 83 | 74.8 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 56.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 19 | 17.1 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 22.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 7.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 51 | 45.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 22 | 19.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 66 | 59.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 0.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 27 | 24.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

'Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a lan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of leficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility vas deficient in the indicated area at the time of the survey.

| **Remlnder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A leficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and esponsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' ersonal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a hysician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing s space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is reatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing upervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual references. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the ed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and pportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# METHODIST HOSPITAL SNF UNIT

| | | | |
|---|---|---|---|
| **Street Address:**<br>3615 19TH ST | | **City and State:**<br>LUBBOCK TX 79410 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>25 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>14 | **Medicare Residents:**<br>10 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 14 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 14 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 14 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 14 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 92.9 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 78.6 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 21.4 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 11 | 78.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 8 | 57.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 13 | 92.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 42.9 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 9 | 64.3 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through ubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on he recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the acility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging n normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| solation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKWAY MANOR CARE CENTER

| | |
|---|---|
| **Street Address:**<br>114 CHERRY AVE | **City and State:**<br>LUBBOCK TX 79403 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 85.2 | 84.3 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 85.2 | 83.7 | 83.2 |
| **Tolieting** | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 85.2 | 74.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 85.2 | 73.5 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 68.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 13 | 24.1 | 1.3 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 46.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 28 | 51.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 18 | 33.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 23 | 42.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 26 | 48.1 | 60.2 | 58.4 |
| **Residents with bed sores.** | 5 | 9.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 3 | 5.6 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# QUAKER VILLA

| | |
|---|---|
| **Street Address:**<br>4403 74TH STREET | **City and State:**<br>LUBBOCK TX 79424 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>88 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>69 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 83 | 94.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 66 | 75.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 42.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 45.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 42.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 46 | 52.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 41 | 46.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 4 | 4.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 34.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 5.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 13.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self–help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SHERWOOD HLTH CARE OF LUBBOCK INC

| | |
|---|---|
| **Street Address:**<br>5502 WEST FOURTH STREET | **City and State:**<br>LUBBOCK TX 79416 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>108 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>59 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 108 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 70 | 64.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 74 | 68.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 69.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 73 | 67.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 32 | 29.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 7.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 59 | 54.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 23.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 45 | 41.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 6.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 41 | 38.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE LUTHERAN HOME OF WEST TEXAS

| | |
|---|---|
| **Street Address:**<br>2418 6TH STREET | **City and State:**<br>LUBBOCK TX 79401 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>67 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>09/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 43 | 69.4 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 43 | 69.4 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 50 | 80.6 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 61.3 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 80.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.6 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 21.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 21 | 33.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 27.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 23 | 37.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 10 | 16.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 20 | 32.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# UNIVERSITY MANOR NURSING HOME

| | |
|---|---|
| **Street Address:**<br>2400 QUAKER AVENUE | **City and State:**<br>LUBBOCK TX 79410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>95 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>67 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>45 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 98.5 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 85.1 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 74.6 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 76.1 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 74.6 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 31.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 5 | 7.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 45 | 67.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 24 | 35.8 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 23 | 34.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 10 | 14.9 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 12 | 17.9 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ANGELINA NH INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>504 N JOHN REDDITT DR | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>252 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 147 | 0 | 94 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 100 | 68.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 108 | 73.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 95 | 64.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 87 | 59.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 93 | 63.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 44 | 29.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 4.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 78 | 53.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 49 | 33.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 72 | 49.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 28 | 19.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **eminder:** These 32 selected performance indicators do not represent all the requirements a cility must meet. There are over 500 separate requirements. The information presented elow does not reflect the severity or the duration of the problems leading to a deficiency. A eficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| ach resident receives proper care for injections (shots), fluids supplied through ibes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning nd tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| ach resident receives rehabilitative nursing care to promote maximum physical ınctioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| ach resident needing assistance in eating or drinking is provided prompt assistance. pecific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| rugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| lenus are planned and followed to meet the nutritional needs of each resident in ccordance with physicians' orders, and to the extent medically possible, based on ne recommended dietary allowances of the Food and Nutrition Board of the ational Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| herapy is provided according to orders of the attending physician in accordance ith accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| ervices are provided to meet the residents' social and emotional needs by the ıcility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| n ongoing program of meaningful activities is provided, based on identified needs nd interests of each resident. It is designed to promote opportunities for engaging normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 32 | 4.2 | 481 | 8.8 |
| ppropriate staff develop and implement a written health care plan for each resident ccording to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| oilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| ll common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| ll essential mechanical and electrical equipment is maintained in safe operating ondition. | MET | 0 | 0.0 | 0 | 0.0 |
| esident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| olation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| he facility has available at all times a quantity of linen essential for proper care and omfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| ood is stored, refrigerated, prepared, distributed, and served under sanitary onditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**eminder:** The results of the full survey are available
om the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LUFKIN NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2313 N RAQUET | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 96 | 0 | 87 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 92 | 95.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 69.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 47.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 47.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 47.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 26.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 22 | 22.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 24 | 25.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 53.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 4.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 11 | 11.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEMORIAL MEDICAL CENTER OF EAST TEXAS

| | | | |
|---|---|---|---|
| **Street Address:**<br>1201 FRANK STREET BOX 1447 | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>31 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>05/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 24 | 22 | 0 |

| **aution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **athing**<br>Residents requiring some or total assistance in bathing. | 23 | 95.8 | 84.3 | 81.5 |
| **ressing**<br>Residents requiring some or total assistance in dressing. | 23 | 95.8 | 83.7 | 83.2 |
| **oileting**<br>Residents requiring some or total assistance in toileting. | 23 | 95.8 | 74.0 | 73.8 |
| **ransferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 95.8 | 73.5 | 77.2 |
| **ontinence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 70.8 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **ating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 66.7 | 42.2 | 37.7 |
| **ompletely bedfast residents.** | 4 | 16.7 | 13.5 | 3.4 |
| **esidents confined to chairs.** | 1 | 4.2 | 52.2 | 50.8 |
| **esidents requiring restraints.** | 1 | 4.2 | 39.0 | 41.3 |
| **onfused or disoriented residents.** | 13 | 54.2 | 60.2 | 58.4 |
| **esidents with bed sores.** | 7 | 29.2 | 8.5 | 7.1 |
| **esidents receiving special skin care.** | 9 | 37.5 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE # | STATE % | NATION # | NATION % |
|---|---|---|---|---|---|
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKWOOD PLACE

| | | | |
|---|---|---|---|
| **Street Address:**<br>300 NORTH BYNUM STREET | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>115 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>07/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 57 | 0 | 41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 46 | 80.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 86.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 86.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 78.9 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 54.4 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 21 | 36.8 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 26 | 45.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 20 | 35.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 44 | 77.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 7 | 12.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 56 | 98.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

'Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a acility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing acility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with ndividuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident s incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE HAVEN NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>1712 N TIMBERLAND | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 69 | 0 | 51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 27 | 39.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 58.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 53.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 53.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 63.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 18.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 26 | 37.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 27.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 29 | 42.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 5.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 7.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTWOOD CONVALESCENT CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1514 ELLIS AVE | | **City and State:**<br>LUFKIN TX 75901 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>68 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 64 | 0 | 46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 85.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 64.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 64.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 53.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 31.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 9.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 37.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 26.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 39 | 60.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARTWHEEL LODGE OF LULING

| | |
|---|---|
| **Street Address:**<br>HWY 183 NORTH BOX 912 | **City and State:**<br>LULING TX 78648 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>68 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>45 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 66.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 67.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 52.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 63.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 60.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 27.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 5.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 29 | 42.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 27.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 38.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 7.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLCREST MANOR

| | |
|---|---|
| **Street Address:**<br>HIGHWAY 90 EAST P O BOX 230 | **City and State:**<br>LULING TX 78648 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 90.6 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 90.6 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 42 | 79.2 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 81.1 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 79.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 30.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 7.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 28 | 52.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 16 | 30.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 43 | 81.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LULING CARE CENTER

| | |
|---|---|
| **Street Address:**<br>501 W AUSTIN | **City and State:**<br>LULING TX 78648 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 39 | 76.5 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 74.5 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 68.6 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 64.7 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 72.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 16 | 31.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 9.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 35.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 4 | 7.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 39 | 76.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LYTLE NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>614 OAK ST | **City and State:**<br>LYTLE TX 78052 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>67 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 65 | 97.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 89.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 56 | 83.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 89.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 51 | 76.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 50.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 54 | 80.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 32 | 47.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 29 | 43.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 9 | 13.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 20 | 29.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MABANK NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>110 W TROUPE | | **City and State:**<br>MABANK TX 75147 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 56 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those esidents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide ighly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 12 | 21.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 62.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 51.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 62.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 62.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 32.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 35.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 35.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 17 | 30.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 26 | 46.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MADISONVILLE NURSING HOME

| | |
|---|---|
| **Street Address:**<br>411 E COLLARD ST | **City and State:**<br>MADISONVILLE TX 77864 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>38 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 82.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 74.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 84.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 98.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 25.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 5.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 47.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 25.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 64.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 7.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MADISONVILLE NURSING HOME 2

| | |
|---|---|
| **Street Address:**<br>410 E COLLARD ST | **City and State:**<br>MADISONVILLE TX 77864 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>54 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 84.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 66.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 73.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 100 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 13.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 22 | 41.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 7 | 13.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 31 | 58.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CEDAR LAKE NURS HME

| | | | |
|---|---|---|---|
| **Street Address:**<br>ROUTE 2 HIGHWAY 31 WEST | | **City and State:**<br>MALAKOFF TX 75148 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 57 | 0 | 46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 78.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 80.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 56.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 63.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 59.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 23 | 40.4 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 50.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 14 | 24.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 12 | 21.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 25 | 43.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 12.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARBRIDGE VILLA

| | |
|---|---|
| **Street Address:**<br>F M 1626 & BLISS SPILLER RD BOX 250 | **City and State:**<br>MANCHACA TX 78652 |

| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
|---|---|---|---|
| MEDICAID ICF | 52 | NON-PROFIT PRIVATE | 02/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 49 | 0 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 30 | 61.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 53.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 18 | 36.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 32.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 34.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 14.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 14 | 28.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 26.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 9 | 18.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 20.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MANSFIELD NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>1402 E BROAD STREET | | **City and State:**<br>MANSFIELD TX 76063 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>127 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 117 | 0 | 86 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 107 | 91.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 86 | 73.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 65 | 55.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 66 | 56.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 44.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 17.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 72 | 61.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 34 | 29.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 74 | 63.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 5.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 6.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTHWOOD HEALTHCARE CENTER

| | |
|---|---|
| **Street Address:**<br>1109 NORTHWOOD DRIVE | **City and State:**<br>MARBLE FALLS TX 78654 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>110 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>12/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>74 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 66 | 89.2 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 52 | 70.3 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 64.9 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 54.1 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 67.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 29.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 41 | 55.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 27.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 43 | 58.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 5.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 8.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELMWOOD NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>221 VIRGINIA | | **City and State:**<br>MARLIN TX 76661 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>141 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 100 | 0 | 47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 85 | 85.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 88 | 88.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 64 | 64.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 56.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 65.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 58 | 58.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 10 | 10.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 25 | 25.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 23 | 23.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 90 | 90.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 8 | 8.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 100 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN YEARS REST HOME

| | |
|---|---|
| **Street Address:**<br>351 CHAMBERS ST BOX 272 | **City and State:**<br>MARLIN TX 76661 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>86 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>68 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 74.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 74.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 57.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 74.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 66.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 19.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 12.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 37 | 43.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 15.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 86 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 20 | 23.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL PARK NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>509 SOUTH GROVE | | **City and State:**<br>MARSHALL TX 75670 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>160 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/30/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 143 | 8 | 86 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 141 | 98.6 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 130 | 90.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 92 | 64.3 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 91 | 63.6 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 52.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 124 | 86.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 70 | 49.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 33 | 23.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 58 | 40.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 134 | 93.7 | 60.2 | 58.4 |
| **Residents with bed sores.** | 38 | 26.6 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 42 | 29.4 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MARSHALL MANOR NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>1007 SOUTH WASHINGTON | **City and State:**<br>MARSHALL TX 75670 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>179 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>171 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>131 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 106 | 62.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 113 | 66.1 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 100 | 58.5 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 91 | 53.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 100 | 58.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 58 | 33.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 7 | 4.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 77 | 45.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 42 | 24.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 125 | 73.1 | 60.2 | 58.4 |
| **Residents with bed sores.** | 8 | 4.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 30 | 17.5 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MERRITT PLAZA NURSING HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>207 W MERRITT | | **City and State:**<br>MARSHALL TX 75670 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>170 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>154 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>129 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 103 | 66.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 124 | 80.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 114 | 74.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 103 | 66.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 106 | 68.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 53 | 34.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 50 | 32.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 62 | 40.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 40 | 26.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 75 | 48.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 3.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 95 | 61.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUBURBAN ACRES NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>3901 ELYSIAN FIELDS ROAD | **City and State:**<br>MARSHALL TX 75671 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>74 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>61 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>60 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 73.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 63.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 28 | 45.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 45.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 45.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 31.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 12 | 19.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 29.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 16.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 57.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 6.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARK PLAZA NURSING HOME

| | |
|---|---|
| **Street Address:**<br>1201 MCLENNAN AVE | **City and State:**<br>MART TX 76664 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>121 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>116 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>74 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 92 | 79.3 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 92 | 79.3 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 92 | 79.3 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 92 | 79.3 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 92 | 79.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.7 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 33 | 28.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 5.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 50 | 43.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 37 | 31.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 62 | 53.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 1.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 10.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MASON CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>101 COLLEGE ST | | **City and State:**<br>MASON TX 76856 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 55 | 0 | 37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 3 | 5.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 60.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 34.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 36.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 32.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 34.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 21 | 38.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 8 | 14.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 12 | 21.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL MANOR

| | |
|---|---|
| **Street Address:**<br>209 HACKBERRY | **City and State:**<br>MCALLEN TX 78501 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 98.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 98.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 86.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 90.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 66.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 41.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 7.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 26 | 51.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 35.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 51.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MCALLEN GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>812 HOUSTON AVE | **City and State:**<br>MCALLEN TX 78501 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>91 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>57 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 78.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 77 | 84.6 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 66 | 72.5 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 71.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 63.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 42 | 46.2 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 65 | 71.4 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 38 | 41.8 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 49 | 53.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 10 | 11.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 11 | 12.1 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MCALLEN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>600 NORTH CYNTHIA | **City and State:**<br>MCALLEN TX 78501 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>122 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>89 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 69 | 77.5 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 85.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 76.4 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 70.8 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 76.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 53 | 59.6 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 66 | 74.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 33 | 37.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 55 | 61.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 5 | 5.6 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 6 | 6.7 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>900 SOUTH 12TH STREET | | **City and State:**<br>MCALLEN TX 78501 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>110 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/08/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>94 | **Medicare Residents:**<br>10 | **Medicaid Residents:**<br>74 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 70.2 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 77 | 81.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 67 | 71.3 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 76.6 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 67 | 71.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.1 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 46 | 48.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 2 | 2.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 65 | 69.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 62 | 66.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 57 | 60.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 8 | 8.5 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 9 | 9.6 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TWINBROOKE SOUTH MCALLEN

| | |
|---|---|
| **Street Address:**<br>1000 N MC COLL RD | **City and State:**<br>MCALLEN TX 78501 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 23 | 46.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 94.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 82.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 80.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 62.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 40.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 36.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 35 | 70.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 60.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VILLAGE CARE CENTERS

| | | | |
|---|---|---|---|
| **Street Address:**<br>615 N WARE RD | | **City and State:**<br>MCALLEN TX 78501 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>114 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 84 | 2 | 68 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 84 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 73 | 86.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 73 | 86.9 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 86.9 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 88.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 50 | 59.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 7 | 8.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 67 | 79.8 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 73 | 86.9 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 75 | 89.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 8 | 9.5 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 22 | 26.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# UPTON CO CONV CTR

| | |
|---|---|
| **Street Address:**<br>305 S BURLESON | **City and State:**<br>MCCAMEY TX 79752 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>30 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>26 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 21 | 80.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 20 | 76.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 92.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 65.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 30.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 19.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 12 | 46.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 50.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 76.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 26 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTVIEW MANOR

| | |
|---|---|
| **Street Address:**<br>414 JOHNSON DR | **City and State:**<br>MCGREGOR TX 76657 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>154 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>153 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>121 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 52.9 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 111 | 72.5 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 94 | 61.4 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 84 | 54.9 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 100 | 65.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 61 | 39.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 6 | 3.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 109 | 71.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 63 | 41.2 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 113 | 73.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 2 | 1.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 8 | 5.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PAVILION NH

| | |
|---|---|
| **Street Address:**<br>N HWY 5 | **City and State:**<br>MCKINNEY TX 75069 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>140 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>123 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>119 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 113 | 91.9 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 118 | 95.9 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 89 | 72.4 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 99 | 80.5 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 89 | 72.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 29 | 23.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 82 | 66.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 34 | 27.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 32 | 26.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 32 | 26.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 1.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 1.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# UNIVERSITY NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2030 WEST UNIVERSITY DRIVE | | **City and State:**<br>MCKINNEY TX 75069 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>113 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 108 | 0 | 46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 94 | 87.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 105 | 97.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 99 | 91.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 96 | 88.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 87 | 80.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 43 | 39.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 10.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 55 | 50.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 73 | 67.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 64 | 59.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 4.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 108 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MCLEAN CARE CENTER

| | |
|---|---|
| **Street Address:**<br>605 WEST SEVENTH | **City and State:**<br>MCLEAN TX 79057 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 73.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 63.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 28 | 53.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 51.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 69.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 19.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 9.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 44.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 26.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 30.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEMPHIS CONVALESCENT CENTER

| | |
|---|---|
| **Street Address:**<br>1415 N 18TH ST | **City and State:**<br>MEMPHIS TX 79245 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 82.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 63.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 46.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 46.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 75.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 15.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 12 | 20.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 7 | 12.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 28 | 48.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 15 | 25.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MENARD MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>100 GAY AND SAN SABA STREET | | **City and State:**<br>MENARD TX 76859 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>40 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>10/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 32 | 0 | 29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 81.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 23 | 71.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 53.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 50.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 53.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 34.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 34.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 5 | 15.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 40.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 17 | 53.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 9.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 15.6 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MERIDIAN GERIATRIC CENTER

| | |
|---|---|
| **Street Address:**<br>1110 N MAIN | **City and State:**<br>MERIDIAN TX 76665 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>92 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>91 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>72 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 72 | 79.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 71 | 78.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 69 | 75.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 70 | 76.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 54.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 51 | 56.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 56 | 61.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 35 | 38.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 50 | 54.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 6.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 17.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# STARR NURSING HOME

| | |
|---|---|
| **Street Address:**<br>OLD HIGHWAY 80 WEST | **City and State:**<br>MERKEL TX 79536 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>42 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 88.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 97.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 69.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 69.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 61.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 42.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 57.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 24 | 57.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 29 | 69.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 7.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 42 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHARTER SUBURBAN HOSP SNF

| | | | |
|---|---|---|---|
| **Street Address:**<br>1011 N GALLOWAY | | **City and State:**<br>MESQUITE TX 75149 | |
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>10 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 2 | 2 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 2 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 2 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 2 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 50.0 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 1 | 50.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 1 | 50.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 1 | 50.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHRISTIAN CARE CENTER

| | |
|---|---|
| **Street Address:**<br>1000 WIGGINS PARKWAY | **City and State:**<br>MESQUITE TX 75150 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>117 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>72 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 115 | 98.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 91 | 77.8 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 83 | 70.9 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 58.1 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 64.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 45 | 38.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 68 | 58.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 14 | 12.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 57 | 48.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 55 | 47.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 8 | 6.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 40 | 34.2 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE PLACE

| | | | |
|---|---|---|---|
| **Street Address:**<br>825 W KEARNEY | | **City and State:**<br>MESQUITE TX 75149 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>152 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 109 | 0 | 109 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 109 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 107 | 98.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 66 | 60.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 61.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 62.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 42 | 38.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 4.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 44 | 40.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 26 | 23.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 66 | 60.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 5.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 75 | 68.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MESQUITE TREE NURSING CENTER INC

| | |
|---|---|
| **Street Address:**<br>434 PAZA DRIVE | **City and State:**<br>MESQUITE TX 75149 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>148 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>108 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>84 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 92 | 85.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 70.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 63.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 66.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 60.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 26.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 3.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 49 | 45.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 55 | 50.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 38 | 35.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 18 | 16.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 44 | 40.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILLOW BEND CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2231 HIGHWAY 80 EAST | | **City and State:**<br>MESQUITE TX 75150 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>251 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 148 | 0 | 129 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 114 | 77.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 109 | 73.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 96 | 64.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 95 | 64.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 103 | 69.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 46 | 31.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 27 | 18.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 58 | 39.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 49 | 33.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 81 | 54.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 17 | 11.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 72 | 48.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HAVEN NURSING HOME

| | |
|---|---|
| **Street Address:**<br>601 TERRACE LANE | **City and State:**<br>MEXIA TX 76667 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>74 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>72 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 69 | 95.8 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 86.1 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 64 | 88.9 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 80.6 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 79.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 36.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 18 | 25.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 31.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 27.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 38 | 52.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 4.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEXIA NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>501 E SUMPTER | | **City and State:**<br>MEXIA TX 76667 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>40 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 34 | 0 | 26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 76.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 28 | 82.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 50.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 55.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 47.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 30 | 88.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 14.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 21 | 61.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 16 | 47.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 19 | 55.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 8.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE MANOR RETIREMENT AND CONV CTR

| | |
|---|---|
| **Street Address:**<br>831 TEHUACANA HWY PO BOX 710 | **City and State:**<br>MEXIA TX 76667 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>70 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>56 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 52.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 57.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 60.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 60.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 62.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 18.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 26 | 37.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 16 | 22.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 21.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 27 | 38.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 4.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TERRACE WEST NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>2800 NORTH MIDLAND DRIVE | **City and State:**<br>MIDLAND TX 79707 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>81 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 88.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 89 | 88.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 89 | 88.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 89 | 88.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 89 | 88.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 17.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 5.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 52 | 51.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 7 | 6.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 91 | 90.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 5.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 15.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE LUTHERAN HOME PERMIAN BASIN

| | | | |
|---|---|---|---|
| **Street Address:**<br>3203 SAGE | | **City and State:**<br>MIDLAND TX 79701 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>114 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>01/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 70 | 0 | 61 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 91.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 85.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 70.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 58.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 46 | 65.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 57.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 42 | 60.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 36 | 51.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 38 | 54.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 7.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 70 | 100 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WEST TEXAS CARE CENTER

| | |
|---|---|
| **Street Address:**<br>2000 N MAIN | **City and State:**<br>MIDLAND TX 79701 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>112 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>75 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>58 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 69.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 54 | 72.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 51 | 68.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 90.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 74.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 17.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 38 | 50.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 25.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 44 | 58.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 8.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 16.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLVIEW NURSING HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>716 MIMOSA DRIVE | | **City and State:**<br>MINEOLA TX 75773 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>73 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>57 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 39 | 53.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 63.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 60.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 53.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 68.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 46.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 36 | 49.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 3 | 4.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 23.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 39 | 53.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 11.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WOOD MEMORIAL NURSING CTR

| | |
|---|---|
| **Street Address:**<br>320 GREENVILLE HWY | **City and State:**<br>MINEOLA TX 75773 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>73 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 62 | 84.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 53 | 72.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 50.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 72.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 75.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 37.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 22 | 30.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 21 | 28.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 13.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 38 | 52.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 8 | 11.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 11.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MINERAL WELLS CARE CENTER

| | |
|---|---|
| **Street Address:**<br>316 SOUTHWEST 25TH AVE | **City and State:**<br>MINERAL WELLS TX 76067 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>122 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>87 | **Medicare Residents:**<br>3 | **Medicaid Residents:**<br>75 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 86 | 98.9 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 66.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 56 | 64.4 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 60.9 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 64.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 24.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 3.4 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 57 | 65.5 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 21 | 24.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 54 | 62.1 | 60.2 | 58.4 |
| **Residents with bed sores.** | 11 | 12.6 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 37 | 42.5 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PALO PINTO NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>STAR ROUTE-BOX 23 | **City and State:**<br>MINERAL WELLS TX 76067 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>79 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 77 | 97.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 74 | 93.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 69 | 87.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 81.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 87.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 38.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 40 | 50.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 35 | 44.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 45 | 57.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 45 | 57.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
| --- | --- | --- | --- | --- | --- |
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RESORT LODGE

| | |
|---|---|
| **Street Address:**<br>401 NORTHWEST FOURTH STREET | **City and State:**<br>MINERAL WELLS TX 76067 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>39 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 33 | 84.6 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 89.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 79.5 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 87.2 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 69.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 48.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 4 | 10.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 27 | 69.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 19 | 48.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 26 | 66.7 | 60.2 | 58.4 |
| **Residents with bed sores.** | 3 | 7.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 6 | 15.4 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONY HOUSE

| | |
|---|---|
| **Street Address:**<br>4710 LEXINGTON BLVD | **City and State:**<br>MISSOURI CITY TX 77459 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>105 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>42 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 90.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 69.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 69.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 69.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 40.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 73.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 11.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 25 | 59.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 2 | 4.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 22 | 52.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 21.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTWIND CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1200 W 15TH | | **City and State:**<br>MONAHANS TX 79756 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>98 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 62 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 83.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 75.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 72.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 59.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 72.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 25.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 8.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 39 | 62.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 30.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 47 | 75.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 11.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MOODY CARE CENTER

| | |
|---|---|
| **Street Address:**<br>7TH AND CHURCH FM RD 107 | **City and State:**<br>MOODY TX 76557 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>57 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>48 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 66.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 66.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 66.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 66.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 56.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 29.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 14.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 16 | 33.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 20.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 24 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROBERTS MEMORIAL NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>211 WEST GARFIELD | | **City and State:**<br>MORTON TX 79346 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>30 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 22 | 0 | 18 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 21 | 95.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 17 | 77.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 14 | 63.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 59.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 63.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 4 | 18.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 18.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 4 | 18.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 1 | 4.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 12 | 54.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 9.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 27.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SHADY OAK NH INC

| | |
|---|---|
| **Street Address:**<br>101 SOUTH LANCASTER | **City and State:**<br>MOULTON TX 77975 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 62.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 76.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 72.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 72.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 67.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 37.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 28 | 47.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 2 | 3.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 35.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 59 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CURREY NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>901 NORTH JEFFERSON | **City and State:**<br>MOUNT PLEASANT TX 75455 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>49 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 47 | 95.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 73.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 53.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 67.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 53.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 16.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 8 | 16.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 4 | 8.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 40.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 4.1 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GERAS NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>316 W 7TH ST | | **City and State:**<br>MOUNT PLEASANT TX 75455 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>101 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 72 | 0 | 59 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 55.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 54.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 56.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 44.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 37.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 15.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 22 | 30.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 16 | 22.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 13.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 27.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN YEARS LODGE

| | | | |
|---|---|---|---|
| **Street Address:**<br>1606 MEMORIAL | | **City and State:**<br>MOUNT PLEASANT TX 75455 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>128 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>124 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>108 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 61.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 104 | 83.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 80 | 64.5 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 48.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 84 | 67.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 65 | 52.4 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 26 | 21.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 54 | 43.5 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 10 | 8.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 55 | 44.4 | 60.2 | 58.4 |
| **Residents with bed sores.** | 1 | 0.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 20 | 16.1 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PHYSICIANS NURS AND CONVALESCENT CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>2102 NORTH MULBERRY | | **City and State:**<br>MOUNT PLEASANT TX 75455 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 49 | 66.2 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 78.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 66.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 63.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 70.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 47.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 8 | 10.8 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 36 | 48.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 29 | 39.2 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 36 | 48.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 3 | 4.1 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 9 | 12.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VILLA NURSING CENTER

| | |
|---|---|
| **Street Address:** | **City and State:** |
| F M 1734 & I-30 BOX 1597 | MOUNT PLEASANT TX 75455 |

| | | | |
|---|---|---|---|
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 90 | PROPRIETARY | 12/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
| 90 | 2 | 64 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 84.4 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 84.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 70 | 77.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 60.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 55.6 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.1 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 20.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.1 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 48 | 53.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 48 | 53.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 11 | 12.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 4.4 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 11 | 12.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MISSION MANOR NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>600 YATES | | **City and State:**<br>MOUNT VERNON TX 75457 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/09/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>60 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 57 | 95.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 65.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 60.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 51.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 58.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 11.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 28 | 46.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 5 | 8.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 40 | 66.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 5.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 14 | 23.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TERRY HAVEN NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>HIGHWAY 67 WEST | | **City and State:**<br>MOUNT VERNON TX 75457 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 50 | 0 | 40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 50.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 80.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 21 | 42.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 66.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 56.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 34.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 10.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 11 | 22.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 0 | 0.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 19 | 38.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 6.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 16.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST RICHARDS VILLA INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>U S HWY 82 WEST | | **City and State:**<br>MUENSTER TX 76252 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>30 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 30 | 0 | 13 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 27 | 90.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 20 | 66.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 18 | 60.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 56.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 53.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 30.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 36.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 56.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 2 | 6.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 70.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 3.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 33.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MULESHOE NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>106 W AVE H | | **City and State:**<br>MULESHOE TX 79347 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>57 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>06/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 37 | 0 | 18 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 97.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 78.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 21 | 56.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 56.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 48.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 29.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 54.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 11 | 29.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 15 | 40.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 13 | 35.1 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MUNDAY NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>421 WEST F ST | **City and State:**<br>MUNDAY TX 76371 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 17 | 32.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 24 | 45.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 45.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 45.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 35.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 28.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 13 | 24.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 53 | 100 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 9 | 17.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 5.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 15 | 28.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NACOGDOCHES CONVALESCENT CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>3305 NORTH ST | | **City and State:**<br>NACOGDOCHES TX 75961 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>68 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 58 | 0 | 33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 77.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 74.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 62.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 63.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 51.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 19.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 31.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 22.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 56.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 13.8 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTH PLACE NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>227 RUSSELL BLVD | | **City and State:**<br>NACOGDOCHES TX 75961 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 89 | 3 | 48 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 84.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 70.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 75.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 76.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 5.6 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 38.2 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 27 | 30.3 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 53 | 59.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 62 | 69.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 40 | 44.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 2 | 2.2 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 16 | 18.0 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAK MANOR NH

| | |
|---|---|
| **Street Address:**<br>1200 FERGUSON | **City and State:**<br>NACOGDOCHES TX 75961 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>64 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 90.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 59.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 67.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 54.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 62.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 6.5 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 24.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 6.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 26 | 41.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 32.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 53 | 85.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 15 | 24.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE CREST NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>2612 WILLIAMS ST | | **City and State:**<br>NACOGDOCHES TX 75961 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 54 | 0 | 44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 75.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 74.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 57.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 40.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 48.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 25.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 15 | 27.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 13 | 24.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 25.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 38.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 7.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 11.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROCK HAVEN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>401 SE STALLINGS DR | **City and State:**<br>NACOGDOCHES TX 75961 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>60 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 85.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 75.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 61.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 58.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 63.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 38.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 13 | 21.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 15 | 25.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 7 | 11.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 45 | 75.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 10.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 38 | 63.3 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTRIDGE MANOR INC

| | |
|---|---|
| **Street Address:**<br>611 S W STALLINGS DRIVE | **City and State:**<br>NACOGDOCHES TX 75961 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>86 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 74.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 56.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 56.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 56.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 58.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 12 | 23.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 19 | 37.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 27.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 7.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 28 | 54.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# REDBUD RETREAT NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>FLOYD ST | | **City and State:**<br>NAPLES TX 75568 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>86 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 80 | 0 | 58 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 80 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 80 | 100 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 53.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 45.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 43.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 17.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 3.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 11 | 13.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 2 | 2.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 37.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 5.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CANTERBURY VILLA OF NAVASOTA

| | | | |
|---|---|---|---|
| **Street Address:**<br>1405 E WASHINGTON | | **City and State:**<br>NAVASOTA TX 77868 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>172 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 123 | 0 | 93 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 115 | 93.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 103 | 83.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 103 | 83.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 98 | 79.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 42.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.3 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 13.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 9 | 7.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 63 | 51.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 30 | 24.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 24 | 19.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 2.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 8.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NEDERLAND NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>3600 N TWIN CITY HWY | **City and State:**<br>NEDERLAND TX 77627 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>110 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>84 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 78.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 70 | 83.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 59.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 71.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 56.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 28.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 45 | 53.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 45 | 53.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 56 | 66.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 8.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# S P J S T REST HOME 2

| | |
|---|---|
| **Street Address:**<br>8611 MAIN STREET | **City and State:**<br>NEEDVILLE TX 77461 |

| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
|---|---|---|---|
| MEDICAID ICF | 58 | NON-PROFIT PRIVATE | 06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 51 | 0 | 12 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 49 | 96.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 82.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 56.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 56.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 56.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 21.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 9.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 64.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 33.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 24 | 47.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 31.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NEW BOSTON NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>210 RICE STREET | | **City and State:**<br>NEW BOSTON TX 75570 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 120 | 0 | 94 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 118 | 98.3 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 87 | 72.5 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 92 | 76.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 47.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 56.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 4.2 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 71 | 59.2 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 27 | 22.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 36 | 30.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 25 | 20.8 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 47 | 39.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 8 | 6.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 11 | 9.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL MANOR NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>821 US HIGHWAY 81 WEST | | **City and State:**<br>NEW BRAUNFELS TX 78130 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>160 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 123 | 3 | 79 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 91 | 74.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 102 | 82.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 95 | 77.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 94 | 76.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 101 | 82.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.8 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 69 | 56.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 94 | 76.4 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 59 | 48.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 76 | 61.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 11 | 8.9 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 6 | 4.9 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EDEN HOME FOR THE AGED INC

| | |
|---|---|
| **Street Address:**<br>631 LAKEVIEW BLVD | **City and State:**<br>NEW BRAUNFELS TX 78130 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>178 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>06/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>170 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 170 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 152 | 89.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 131 | 77.1 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 164 | 96.5 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 138 | 81.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 20.6 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 3 | 1.8 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 126 | 74.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 91 | 53.5 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 81 | 47.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 5 | 2.9 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 4 | 2.4 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KIRKWOOD MANOR

| | |
|---|---|
| **Street Address:**<br>2590 LOOP 337 NORTH | **City and State:**<br>NEW BRAUNFELS TX 78130 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>28 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 24 | 85.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 25 | 89.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 60.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 60.7 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 39.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 3 | 10.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 3.6 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 13 | 46.4 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 7 | 25.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 11 | 39.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 14.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 6 | 21.4 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAK CREST INN

| | | | |
|---|---|---|---|
| **Street Address:**<br>1310 INTERSTATE HWY 35-W | | **City and State:**<br>NEW BRAUNFELS TX 78130 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>139 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/17/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>89 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 64.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 54 | 60.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 57.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 59.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 28 | 31.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 9.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 45 | 50.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 32.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 53.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUNSHINE NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>BOX 378 | **City and State:**<br>NEW LONDON TX 75682 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>69 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 71.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 84.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 65.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 65.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 63.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 48.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 23 | 44.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 32.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 27 | 51.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 20 | 38.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 9.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 33 | 63.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SHADY ACRES HEALTH CARE CTR

| | |
|---|---|
| **Street Address:**<br>SHADY ACRES LN DRAWER E | **City and State:**<br>NEWTON TX 75966 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>63 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 71.4 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 79.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 50.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 61.9 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 60.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 31.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 15 | 23.8 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 25 | 39.7 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 40 | 63.5 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 40 | 63.5 | 60.2 | 58.4 |
| **Residents with bed sores.** | 17 | 27.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 40 | 63.5 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL CONVALESCENT AND NH INC

| | |
|---|---|
| **Street Address:**<br>406 S PARKER ST | **City and State:**<br>NIXON TX 78140 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>89 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>49 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 85.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 69.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 56 | 81.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 59.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 62.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 36.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 46 | 66.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 21 | 30.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 37.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HORIZON MANOR NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>P O BOX 449 | **City and State:**<br>NOCONA TX 76255 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>64 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 64.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 79.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 62.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 53.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 62.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 25.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 26 | 41.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 24.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 53.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 12.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NOCONA NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>302 CAROLYN RD | | **City and State:**<br>NOCONA TX 76255 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>91 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 44 | 0 | 25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 97.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 81.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 59.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 61.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 52.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 56.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 4.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 54.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 8 | 18.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 22 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 22.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DEERINGS NH

| | |
|---|---|
| **Street Address:**<br>1020 WEST COUNTY ROAD | **City and State:**<br>ODESSA TX 79763 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>89 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>82 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>71 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 21 | 25.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 59 | 72.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 54.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 53.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 46.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 11.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 8.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 39 | 47.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 20.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 25.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 11.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FOUR SEASONS NURSING CTR OF ODESSA

| | |
|---|---|
| **Street Address:**<br>3800 ENGLEWOOD | **City and State:**<br>ODESSA TX 79762 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>114 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>96 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 86 | 89.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 82 | 85.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 76 | 79.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 67.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 59.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 35.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 67 | 69.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 35 | 36.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 41 | 42.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 22 | 22.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 29 | 30.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SEABURY CENTER

| | |
|---|---|
| **Street Address:**<br>2443 W 16TH ST | **City and State:**<br>ODESSA TX 79763 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>97 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>03/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>92 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>67 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 88 | 95.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 84 | 91.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 67 | 72.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 78.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 59.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 40.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 64 | 69.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 44 | 47.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 72 | 78.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 25 | 27.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE PARKS GOOD SAMARITAN VILLAGE

| | |
|---|---|
| **Street Address:**<br>7801 SAN MACHELL DRIVE | **City and State:**<br>ODESSA TX 79765 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>3 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 47.2 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 77.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 64.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 60.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 62.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 15.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 4 | 7.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 25 | 47.2 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 5 | 9.4 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 17 | 32.1 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 11.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 53 | 100 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OLNEY NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1302 WEST PAYNE | | **City and State:**<br>OLNEY TX 76374 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 36 | 0 | 27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 22 | 61.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 47.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 44.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 58.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.8 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 22.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 30.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 2 | 5.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 38.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 18 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 16 | 44.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SEVEN OAKS NURSING HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>1402 WEST ELM STREET | | **City and State:**<br>OLNEY TX 76374 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>99 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 79 | 0 | 60 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 61 | 77.2 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 73.4 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 41.8 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 54.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 54.4 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 32.9 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 11 | 13.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 16 | 20.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 19 | 24.1 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 42 | 53.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 2 | 2.5 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 24 | 30.4 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELMWOOD NURS HME

| | |
|---|---|
| **Street Address:**<br>GILES ST BOX 1087 | **City and State:**<br>OMAHA TX 75571 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>63 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>55 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 66.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 30 | 47.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 63.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 41.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 52.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 23.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 12.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 28.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 13 | 20.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 24 | 38.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 11.1 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# JONES HEALTH CENTER INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>3000 CARDINAL DR | | **City and State:**<br>ORANGE TX 77630 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>111 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 101 | 1 | 82 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 88.1 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 78 | 77.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 77 | 76.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 74.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 71 | 70.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 49 | 48.5 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 47 | 46.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 21 | 20.8 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 36 | 35.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 42 | 41.6 | 60.2 | 58.4 |
| **Residents with bed sores.** | 16 | 15.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 10 | 9.9 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAKS LIVING CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>510 N 3RD ST | | **City and State:**<br>ORANGE TX 77630 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>112 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 95 | 0 | 66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 80.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 63.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 64 | 67.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 66 | 69.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 69.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 24.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 9 | 9.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 45 | 47.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 16 | 16.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 25 | 26.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 22 | 23.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 19 | 20.0 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAK CREEK NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>HIGHWAY 135 SOUTH | **City and State:**<br>OVERTON TX 75684 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>68 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 94.1 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 75.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 67.6 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 60.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 72.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 44.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 12 | 17.6 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 24 | 35.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 24 | 35.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 36 | 52.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 7 | 10.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 26 | 38.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CROCKETT COUNTY CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>102 AVENUE H | | **City and State:**<br>OZONA TX 76943 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>42 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 39 | 0 | 20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 94.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 31 | 79.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 61.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 76.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 87.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.6 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 17.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 43.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 3 | 7.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 28 | 71.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 7.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 17.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WOOD CONVALESCENT CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>800 7TH STREET N W | | **City and State:**<br>PADUCAH TX 79248 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>46 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 34 | 0 | 29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 34 | 100 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 28 | 82.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 82.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 82.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 61.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 17.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 6 | 17.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 5 | 14.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 34 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 8.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 34 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEISURE LODGE PALACIOS

| | | | |
|---|---|---|---|
| **Street Address:**<br>1414 4TH STREET | | **City and State:**<br>PALACIOS TX 77465 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>102 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 58 | 0 | 47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 91.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 65.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 56.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 48.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 53.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 13.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 34 | 58.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 34.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 51.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 8.6 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PALESTINE NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>HWY 155 AT TURNER RD | | **City and State:**<br>PALESTINE TX 75801 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 109 | 0 | 84 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 61 | 56.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 83 | 76.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 69 | 63.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 62.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 55.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 24.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 76 | 69.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 26.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 31 | 28.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 2.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 5.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARK PLACE NURSING HOME

| | |
|---|---|
| **Street Address:**<br>505 SYLVAN AVE | **City and State:**<br>PALESTINE TX 75801 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>108 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>87 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 87 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 77.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 50.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 58.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 44.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 29.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 25 | 28.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 37.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 26 | 29.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 36 | 41.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 4.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 11.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VILLA INN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1816 TILE FACTORY ROAD | **City and State:**<br>PALESTINE TX 75801 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>110 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>86 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>70 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 79 | 91.9 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 79 | 91.9 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 62 | 72.1 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 73.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 73.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 58 | 67.4 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 24 | 27.9 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 28 | 32.6 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 22 | 25.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 47 | 54.7 | 60.2 | 58.4 |
| **Residents with bed sores.** | 2 | 2.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 6 | 7.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CORONADO NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1504 WEST KENTUCKY | **City and State:**<br>PAMPA TX 79065 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>63 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 27 | 42.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 65.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 66.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 77.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 68.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 41.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 13 | 20.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 15 | 23.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 39.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 52 | 82.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 11.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 26 | 41.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HCA CORONADO HOSP EXTENDED CARE UNIT

| | |
|---|---|
| **Street Address:**<br>N PERRYTON PKWY 1 MED PLAZA BOX 5000 | **City and State:**<br>PAMPA TX 79065 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>14 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>12 | **Medicare Residents:**<br>10 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 12 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 12 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 12 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 91.7 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 100 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 11 | 91.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 0 | 0.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 6 | 50.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 10 | 83.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 5 | 41.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 7 | 58.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PAMPA NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1321 W KENTUCKY | **City and State:**<br>PAMPA TX 79065 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>77 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 75.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 77.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 63.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 92.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 72.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.9 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 39.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 26 | 33.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 26.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 32.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 42.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 8 | 10.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 17 | 22.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST ANNS NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>SPUR 293 BOX 1179 | | **City and State:**<br>PANHANDLE TX 79068 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>05/17/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>49 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 87.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 87.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 83.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 83.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 79.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 32.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 21 | 42.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 15 | 30.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 36.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 13 | 26.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 17 | 34.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHERRY ST MANOR

| | |
|---|---|
| **Street Address:**<br>2193 EAST CHERRY STREET | **City and State:**<br>PARIS TX 75460 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>182 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>172 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>127 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 172 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 123 | 71.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 100 | 58.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 91 | 52.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 100 | 58.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 58 | 33.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 50 | 29.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 41 | 23.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 47 | 27.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 66 | 38.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 2.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 2.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHERRY STREET ANNEX

| | |
|---|---|
| **Street Address:**<br>2185 E CHERRY ST | **City and State:**<br>PARIS TX 75460 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>182 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>111 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>83 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 97 | 87.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 85 | 76.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 77 | 69.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 78 | 70.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 55 | 49.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 17.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 54 | 48.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 47 | 42.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 23 | 20.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 83 | 74.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 0.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 35 | 31.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEDICAL PLAZA NURSING CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>610 DESHONG DR | | **City and State:**<br>PARIS TX 75460 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>98 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/02/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 84 | 0 | 78 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 84.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 53 | 63.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 58.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 50.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 66.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 32.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 6.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 40 | 47.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 4 | 4.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 15 | 17.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 3.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARIS NURSING HOME

| | |
|---|---|
| **Street Address:**<br>3055 CLARKSVILLE | **City and State:**<br>PARIS TX 75460 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>144 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 100 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 81.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 81.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 81.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 45 | 81.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 32 | 58.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 32 | 58.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 51 | 92.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 8 | 14.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKVIEW CONV CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>2895 LEWIS LANE | | **City and State:**<br>PARIS TX 75460 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>102 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 88 | 0 | 65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 85 | 96.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 85.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 54 | 61.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 73.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 54 | 61.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 37.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 44 | 50.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 6 | 6.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 37.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 6.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FAITH MEM NURS HME

| | | | |
|---|---|---|---|
| **Street Address:**<br>811 GARNER RD | | **City and State:**<br>PASADENA TX 77502 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 110 | 0 | 83 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 64.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 83 | 75.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 61.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 59.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 65.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 77 | 70.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 29 | 26.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 30.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 38 | 34.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 70 | 63.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 3.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 30 | 27.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PASADENA CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>4006 VISTA ROAD | | **City and State:**<br>PASADENA TX 77504 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 117 | 0 | 71 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 107 | 91.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 103 | 88.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 74 | 63.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 65.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 63.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 57 | 48.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 75 | 64.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 31 | 26.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 40 | 34.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 8 | 6.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 21 | 17.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SOUTHFIELD HEALTHCARE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>802 FRESA | | **City and State:**<br>PASADENA TX 77501 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>162 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>137 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>101 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 131 | 95.6 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 125 | 91.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 89 | 65.0 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 81 | 59.1 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 59.9 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 81 | 59.1 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 11 | 8.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 90 | 65.7 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 37 | 27.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 97 | 70.8 | 60.2 | 58.4 |
| **Residents with bed sores.** | 9 | 6.6 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 12 | 8.8 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VISTA CONTINUING CARE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>4300 VISTA RD | | **City and State:**<br>PASADENA TX 77504 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>131 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/30/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 127 | 0 | 77 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 125 | 98.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 116 | 91.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 102 | 80.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 103 | 81.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 82 | 64.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 43 | 33.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 19 | 15.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 80 | 63.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 65 | 51.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 67 | 52.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 11 | 8.7 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 20 | 15.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WINDSONG VILLAGE CONV CENTER

| | |
|---|---|
| **Street Address:**<br>3400 E WALNUT | **City and State:**<br>PEARLAND TX 77581 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>138 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>115 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>55 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 66.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 71 | 61.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 61 | 53.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 58.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 53.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 49 | 42.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 60 | 52.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 37 | 32.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 66 | 57.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 7 | 6.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 30 | 26.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AMISTAD CARE CENTER OF FRIO COUNTY

**Street Address:** 311 HACKBERRY

**City and State:** PEARSALL TX 78061

**Participation:** MEDICAID ICF

**# of Beds:** 104

**Type of Ownership:** PROPRIETARY

**Survey Date:** 05/21/87

## SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 64

**Medicare Residents:** 0

**Medicaid Residents:** 55

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 63 | 98.4 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 54 | 84.4 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 62 | 96.9 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 62.5 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 56 | 87.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 9.4 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 34.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 9.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 40 | 62.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 28.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 64 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PEARSALL MANOR

| | |
|---|---|
| **Street Address:**<br>320 S ASH | **City and State:**<br>PEARSALL TX 78061 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 92.0 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 76.0 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 36 | 72.0 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 82.0 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 58.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 38.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 16.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 28 | 56.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 34.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 28 | 56.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 8.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 13 | 26.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PECOS NH

| | |
|---|---|
| **Street Address:**<br>1819 MEMORIAL DR | **City and State:**<br>PECOS TX 79772 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 93.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 80.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 66.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 64.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 64.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 14.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 28.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 5.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 34 | 59.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 26.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 33 | 57.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 7.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 57 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SENIOR VILLAGE NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>HIGHWAY 83 S | **City and State:**<br>PERRYTON TX 79070 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 46 | 85.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 83.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 77.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 79.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 70.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 42.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 11.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 31 | 57.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 33.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 40 | 74.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 7.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 11.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PHARR NURSING HOME

| | |
|---|---|
| **Street Address:**<br>204 S CASA RD DRAWER D | **City and State:**<br>PHARR TX 78577 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>44 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 42 | 95.5 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 81.8 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 32 | 72.7 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 75.0 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 79.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 31.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 9.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 20 | 45.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 26 | 59.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 79.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 6.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 6.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PILOT POINT NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>800 NORTH WASHINGTON | | **City and State:**<br>PILOT POINT TX 76258 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>121 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>92 | **Medicare Residents:**<br>6 | **Medicaid Residents:**<br>66 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 92 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 81 | 88.0 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 78.3 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 72 | 78.3 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 78.3 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.3 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 33.7 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 41 | 44.6 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 22 | 23.9 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 39 | 42.4 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 79 | 85.9 | 60.2 | 58.4 |
| **Residents with bed sores.** | 16 | 17.4 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 16 | 17.4 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUNDIAL MANORS NURSING HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>208 N PRAIRIE STREET PO BOX 496 | | **City and State:**<br>PILOT POINT TX 76258 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 93.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 52 | 88.1 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 86.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 71.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.1 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 45.8 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 46 | 78.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 14 | 23.7 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 55 | 93.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 10.2 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 12 | 20.3 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HINES NURSING HOME

| | |
|---|---|
| **Street Address:**<br>HIGHWAY 83 P O BOX 806 | **City and State:**<br>PINELAND TX 75968 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>82 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 92.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 91.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 59 | 72.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 64.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 74.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 25.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 16 | 19.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 34 | 41.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 20.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 28 | 34.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 2.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 7 | 8.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MOORES NURSING HOME

| | |
|---|---|
| **Street Address:**<br>618 QUITMAN | **City and State:**<br>PITTSBURG TX 75686 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>24 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>22 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 18 | 81.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 15 | 68.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 16 | 72.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 77.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 9 | 40.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 54.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 36.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 4 | 18.2 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 3 | 13.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 22 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 4.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 9.1 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PITTSBURG NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>123 PECAN GROVE | | **City and State:**<br>PITTSBURG TX 75686 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 75 | 0 | 60 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 57 | 76.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 46.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 75 | 100 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 60.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 52.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 21.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 7 | 9.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 44.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 38.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 18 | 24.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 9 | 12.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 18 | 24.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARE INN OF PLAINVIEW

| | | | |
|---|---|---|---|
| **Street Address:**<br>224 ST LOUIS | | **City and State:**<br>PLAINVIEW TX 79072 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 44 | 0 | 31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 44 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 59.1 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 43.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 16 | 36.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 43.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 4 | 9.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 13.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 12 | 27.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 45.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 27 | 61.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 9.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 13 | 29.5 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE HOME

| | |
|---|---|
| **Street Address:**<br>2510 WEST 24TH | **City and State:**<br>PLAINVIEW TX 79072 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>112 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>106 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>60 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 106 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 100 | 94.3 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 80 | 75.5 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 67.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 75 | 70.8 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 38 | 35.8 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 5 | 4.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 64 | 60.4 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 38 | 35.8 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 58 | 54.7 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 5.7 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 37 | 34.9 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PLAINS CONVALESCENT CENTER

| | |
|---|---|
| **Street Address:**<br>2813 W 8TH STREET | **City and State:**<br>PLAINVIEW TX 79072 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>32 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 78.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 23 | 71.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 21 | 65.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 71.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 68.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 34.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 12.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 5 | 15.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 11 | 34.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 81.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 3.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 32 | 100 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLLIN CARE CENTER

| | |
|---|---|
| **Street Address:**<br>3100 S RIGSBEE DR | **City and State:**<br>PLANO TX 75074 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>52 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 85.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 61 | 88.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 72.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 66.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 72.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 26.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 12 | 17.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 35 | 50.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 34 | 49.3 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 46 | 66.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 13 | 18.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 23 | 33.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE MANOR

| | |
|---|---|
| **Street Address:**<br>1621 COIT ROAD | **City and State:**<br>PLANO TX 75075 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>152 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>63 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>1 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 28 | 44.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 81.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 66.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 47.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 68.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 22.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 33 | 52.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 22 | 34.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 76.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 14.3 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE # | % | NATION # | % |
|---|---|---|---|---|---|
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE PARK

| | |
|---|---|
| **Street Address:**<br>3208 THUNDERBIRD LANE | **City and State:**<br>PLANO TX 75075 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>111 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>64 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 100 | 90.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 99 | 89.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 100 | 90.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 87 | 78.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 74 | 66.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 20.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 7.2 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 70 | 63.1 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 18.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 60 | 54.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 4.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 30 | 27.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CTR NORTH

| | | | |
|---|---|---|---|
| **Street Address:**<br>404 GOODWIN STREET | | **City and State:**<br>PLEASANTON TX 78064 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 38 | 0 | 27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 30 | 78.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 84.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 20 | 52.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 55.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 52.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 6 | 15.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 22 | 57.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 9 | 23.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 68.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 5.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CTR SOUTH

| | |
|---|---|
| **Street Address:**<br>905 OAKLAWN | **City and State:**<br>PLEASANTON TX 78064 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>78 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>50 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 49 | 71.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 52 | 75.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 52 | 75.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 62.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 69.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 51 | 73.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 21 | 30.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 31 | 44.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 20 | 29.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 43.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 7.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 20 | 29.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GASPARDS NURSING CARE CENTER INC

| | |
|---|---|
| **Street Address:**<br>2689 65TH STREET | **City and State:**<br>PORT ARTHUR TX 77640 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>102 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>88 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 86 | 97.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 82 | 93.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 77.3 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 53.4 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 70.5 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 38.6 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 20 | 22.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 27 | 30.7 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 19 | 21.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 47 | 53.4 | 60.2 | 58.4 |
| **Residents with bed sores.** | 6 | 6.8 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 8 | 9.1 | 25.4 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN TRIANGLE CONVALESCENT CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>8825 LAMPLIGHTER LANE | | **City and State:**<br>PORT ARTHUR TX 77642 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>200 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 176 | 0 | 115 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 152 | 86.4 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 153 | 86.9 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 128 | 72.7 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 104 | 59.1 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 118 | 67.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 26 | 14.8 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 40 | 22.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 14 | 8.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 75 | 42.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 29 | 16.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 88 | 50.0 | 59.0 | 55.8 |
| **Residents with bed sores.** | 15 | 8.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 30 | 17.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARK CENTRAL NURSING HOME LTD

| | |
|---|---|
| **Street Address:**<br>4225 LAKE ARTHUR DRIVE | **City and State:**<br>PORT ARTHUR TX 77642 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>03/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>87 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 75.9 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 73 | 83.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 65 | 74.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 71.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 59 | 67.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 12.6 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 35.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 6.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 53 | 60.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 21 | 24.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 44 | 50.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 4.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 46 | 52.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST MARY HOSP EXTENDED CARE UNIT

| | |
|---|---|
| **Street Address:**<br>3600 GATES BLVD | **City and State:**<br>PORT ARTHUR TX 77642 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>24 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>01/12/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>2 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 2 | 100 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 2 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 2 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 50.0 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 2 | 100 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 2 | 100 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 0 | 0.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 1 | 50.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COASTAL HEALTHCARE CENTER

| | |
|---|---|
| **Street Address:**<br>524 VILLAGE ROAD | **City and State:**<br>PORT LAVACA TX 77979 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>94 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>63 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 72 | 76.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 78 | 83.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 62 | 66.0 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 62.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 43.6 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.1 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 27.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 6.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 57 | 60.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 41 | 43.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 36 | 38.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 6.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 94 | 100 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE SHADOW RETREAT INC

| | |
|---|---|
| **Street Address:**<br>123 PINE SHADOW LANE | **City and State:**<br>PORTER TX 77365 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>106 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>73 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 101 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 79 | 78.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 71 | 70.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 65 | 64.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 73 | 72.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 20.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 4.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 72 | 71.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 35 | 34.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 67 | 66.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 3.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 73 | 72.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN PLAINS CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>605 WEST SEVENTH STREET | | **City and State:**<br>POST TX 79356 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 39 | 0 | 29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 35 | 89.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 89.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 89.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 71.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 76.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 59.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 5.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 31 | 79.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 7 | 17.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 25 | 64.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 12.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TWIN CEDAR NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>107 WEST 7TH | | **City and State:**<br>POST TX 79356 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>24 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Totai Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 21 | 0 | 18 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 10 | 47.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 14 | 66.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 13 | 61.9 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 15 | 71.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 13 | 61.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 33.3 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 4.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 1 | 4.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 6 | 28.6 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 100 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 9.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# POTEET NURSING HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>101 SCHOOL DRIVE PO BOX 995 | | **City and State:**<br>POTEET TX 78065 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 87.7 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 52 | 91.2 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 78.9 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 59.6 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 77.2 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 39 | 68.4 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 6 | 10.5 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 28 | 49.1 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 18 | 31.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 52 | 91.2 | 60.2 | 58.4 |
| **Residents with bed sores.** | 4 | 7.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 0 | 0.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PREMONT REST HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>431 N W THIRD STREET | | **City and State:**<br>PREMONT TX 78375 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 48 | 0 | 33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 44 | 91.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 83.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 83.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 81.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 87.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 60.4 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 8.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 35 | 72.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 9 | 18.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 37 | 77.1 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WOOD CONVALESCENT CTR QUANAH

| | |
|---|---|
| **Street Address:**<br>1106 W 14TH ST | **City and State:**<br>QUANAH TX 79252 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 58.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 72.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 65.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 67.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 58.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 34.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 3 | 5.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 23 | 41.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 16 | 29.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 54.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 18.2 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# QUITMAN NURSING HOME

| | |
|---|---|
| **Street Address:**<br>503 NORTH COLLEGE STREET | **City and State:**<br>QUITMAN TX 75783 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 60.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 69.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 60.4 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 64.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 43.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 37.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 13 | 24.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 13 | 24.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 0 | 0.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 11 | 20.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 12 | 22.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE HERITAGE NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>1026 E GOODE ST BOX 378 | | **City and State:**<br>QUITMAN TX 75783 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 109 | 0 | 84 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 39 | 35.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 68.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 58 | 53.2 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 45.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 45.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 27.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 6 | 5.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 44 | 40.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 13.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 27.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 8.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RALLS NURSING HOME

| | |
|---|---|
| **Street Address:**<br>1111 AVE P | **City and State:**<br>RALLS TX 79357 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>46 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>39 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>23 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 33 | 84.6 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 89.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 25 | 64.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 66.7 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 56.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 35.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 12.8 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 24 | 61.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 3 | 7.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 13 | 33.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.6 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 5.1 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTERN MANOR

| | |
|---|---|
| **Street Address:**<br>460 W MAIN | **City and State:**<br>RANGER TX 76470 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>45 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 100 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 30 | 66.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 57.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 48.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 57.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 42.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 40.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 31.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 21 | 46.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 8.9 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 9 | 20.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>STATE HWY 186 E BOX 445 | | **City and State:**<br>RAYMONDVILLE TX 78580 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 46 | 0 | 41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 93.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 91.3 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 71.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 67.4 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 65.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 43.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 11 | 23.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 25 | 54.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 18 | 39.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 25 | 54.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 17 | 37.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# REFUGIO MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>109 SWIFT STREET | | **City and State:**<br>REFUGIO TX 78377 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>64 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/01/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 62 | 0 | 41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 46 | 74.2 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 71.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 64.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 71.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 66.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 35.5 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 25 | 40.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 28 | 45.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 56.5 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 4.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 24 | 38.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE VILLAGE

| | |
|---|---|
| **Street Address:**<br>1111 ROCKINGHAM DR | **City and State:**<br>RICHARDSON TX 75080 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>280 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>106 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>88 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 18 | 17.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 34.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 56 | 52.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 52.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 42.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 17.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 18 | 17.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 23 | 21.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 75 | 70.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 2.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 5.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RICHARDSON MANOR CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1510 NORTH PLANO ROAD | | **City and State:**<br>RICHARDSON TX 75081 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>142 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>110 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>68 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 68 | 61.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 83 | 75.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 58 | 52.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 101 | 91.8 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 63 | 57.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 21.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 5 | 4.5 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 25 | 22.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 56 | 50.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 69 | 62.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 4.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 41 | 37.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RICHARDSON MEDICAL CENTER

| | |
|---|---|
| **Street Address:**<br>401 WEST CAMPBELL ROAD | **City and State:**<br>RICHARDSON TX 75080 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>13 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>7 | **Medicare Residents:**<br>6 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 5 | 71.4 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 7 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 6 | 85.7 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 6 | 85.7 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 3 | 42.9 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 14.3 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 1 | 14.3 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 1 | 14.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 1 | 14.3 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 4 | 57.1 | 60.2 | 58.4 |
| **Residents with bed sores.** | 1 | 14.3 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 4 | 57.1 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BRAZOSVIEW HEALTHCARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2127 PRESTON RD | | **City and State:**<br>RICHMOND TX 77469 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 46 | 0 | 41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 87.0 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 95.7 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 76.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 93.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 56.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 52.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 8.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 16 | 34.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 12 | 26.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 45 | 97.8 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 23 | 50.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>400 S PETE DIAZ JR AVE | | **City and State:**<br>RIO GRANDE CITY TX 78582 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 64 | 0 | 62 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 50 | 78.1 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 55 | 85.9 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 48 | 75.0 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 49 | 76.6 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 53.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.1 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 30 | 46.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 10 | 15.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 38 | 59.4 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 25 | 39.1 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 30 | 46.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 6.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.7 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RISING STAR NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>411 S MILLER | | **City and State:**<br>RISING STAR TX 76471 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 60 | 0 | 41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 91.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 65.0 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 56.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 58.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 50.0 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 26.7 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 4 | 6.7 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 28 | 46.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 19 | 31.7 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 35 | 58.3 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 8.3 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 6 | 10.0 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WEST COKE CO HOSP NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>307 W 8TH ST | | **City and State:**<br>ROBERT LEE TX 76945 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>86 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>11/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 56 | 0 | 52 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 80.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 80.4 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 64.3 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 50.0 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 30.4 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 26.8 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 8 | 14.3 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 16 | 28.6 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 10 | 17.9 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 31 | 55.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 5.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.6 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROBINSON NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>305 SOUTH ANDREWS | **City and State:**<br>ROBINSON TX 76706 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>136 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 96.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 74.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 61.8 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 38.2 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 61.8 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 29.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 22 | 40.0 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 14 | 25.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 43 | 78.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 5 | 9.1 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 34 | 61.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RETAMA MANOR NURSING CENTER ROBSTOWN

| | | | |
|---|---|---|---|
| **Street Address:**<br>603 E AVE J | | **City and State:**<br>ROBSTOWN TX 78380 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>98 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 69 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 67 | 90.5 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 90.5 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 67.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 67.6 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 45.9 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 6.8 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 27.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 30 | 40.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 28 | 37.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 9 | 12.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.8 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MANOR OAKS NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>ROUTE 1 BOX 7 | | **City and State:**<br>ROCKDALE TX 76567 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 56 | 0 | 34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 89.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 78.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 62.5 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 57.1 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 62.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 25.0 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.6 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 29 | 51.8 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 17 | 30.4 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 85.7 | 59.0 | 55.8 |
| **Residents with bed sores.** | 3 | 5.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 5 | 8.9 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# RICHARDS MEMORIAL HOSPITAL

| | |
|---|---|
| **Street Address:**<br>1700 BRAZOS STREET | **City and State:**<br>ROCKDALE TX 76567 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE SNF | **# of Beds:**<br>10 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>12/02/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>2 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 1 | 50.0 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 2 | 100 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 2 | 100 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 2 | 100 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 0 | 0.0 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 0 | 0.0 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 60.2 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 0 | 0.0 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROCKDALE NH

| | |
|---|---|
| **Street Address:**<br>700 DYER ST | **City and State:**<br>ROCKDALE TX 76567 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>39 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 98.1 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 84.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 56.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 67.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 47.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 13.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 9 | 17.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 22 | 41.5 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 7 | 13.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 48 | 90.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 2 | 3.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 53 | 100 | 23.2 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROCKPORT NURSING CENTER INC

| | |
|---|---|
| **Street Address:**<br>1004 YOUNG STREET | **City and State:**<br>ROCKPORT TX 78382 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>84 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 96.4 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 80 | 95.2 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 69 | 82.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 78 | 92.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 82.1 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 47.6 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 2 | 2.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 77 | 91.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 41 | 48.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 40 | 47.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 60 | 71.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 54 | 64.3 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROCKWALL NURSING CARE CENTER

| | |
|---|---|
| **Street Address:**<br>206 STORRS STREET | **City and State:**<br>ROCKWALL TX 75087 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>192 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>178 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>109 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 135 | 75.8 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 131 | 73.6 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 108 | 60.7 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 103 | 57.9 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 101 | 56.7 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 66 | 37.1 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 9 | 5.1 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 102 | 57.3 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 52 | 29.2 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 131 | 73.6 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 2.2 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 27 | 15.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ROSCOE NURSING HOME

| | |
|---|---|
| **Street Address:**<br>201 CYPRESS | **City and State:**<br>ROSCOE TX 79545 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>42 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 85.7 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 61.9 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 57.1 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 64.3 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 59.5 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 4.8 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 26.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 22 | 52.4 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 5 | 11.9 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 21 | 50.0 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 26 | 61.9 | 59.0 | 55.8 |
| **Residents with bed sores.** | 1 | 2.4 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 4 | 9.5 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE HOUSE

| | | | |
|---|---|---|---|
| **Street Address:**<br>COLLEGE AND AVE F DRAWER 656 | | **City and State:**<br>ROSEBUD TX 76570 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>124 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>01/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 122 | 0 | 88 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 75 | 61.5 | 84.3 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 74 | 60.7 | 83.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 60 | 49.2 | 74.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 50.0 | 73.5 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 54.1 | 70.1 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.3 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 25.4 | 42.2 | 37.7 |
| **Completely bedfast residents.** | 35 | 28.7 | 13.5 | 3.4 |
| **Residents confined to chairs.** | 26 | 21.3 | 52.2 | 50.8 |
| **Residents requiring restraints.** | 19 | 15.6 | 39.0 | 41.3 |
| **Confused or disoriented residents.** | 48 | 39.3 | 60.2 | 58.4 |
| **Residents with bed sores.** | 10 | 8.2 | 8.5 | 7.1 |
| **Residents receiving special skin care.** | 21 | 17.2 | 25.4 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 1.8 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 3 | 1.1 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 1 | 0.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 3 | 1.1 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 8.0 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 2 | 0.7 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 0 | 0.0 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 18 | 6.5 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 46 | 16.7 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 36 | 13.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 15 | 5.5 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 7 | 2.5 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 24 | 8.7 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 21 | 7.6 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 21 | 7.6 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 26 | 9.5 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 74 | 26.9 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 7 | 2.5 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 1 | 0.4 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 13 | 4.7 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 10 | 3.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 9 | 3.3 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 13 | 4.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 29 | 10.5 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 20 | 7.3 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 21 | 7.6 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 15 | 5.5 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 15 | 5.5 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 60 | 21.8 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FORT BEND NURSING HOME

| | |
|---|---|
| **Street Address:**<br>3010 BAMORE RD | **City and State:**<br>ROSENBERG TX 77471 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 22 | 42.3 | 81.7 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 78.8 | 77.7 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 59.6 | 66.9 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 61.5 | 64.7 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 71.2 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 19.2 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 13 | 25.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 17 | 32.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 15 | 28.8 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 23 | 44.2 | 59.0 | 55.8 |
| **Residents with bed sores.** | 6 | 11.5 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 10 | 19.2 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LEISURE LODGE ROSENBERG

| | | | |
|---|---|---|---|
| **Street Address:**<br>1419 MAHLMAN | | **City and State:**<br>ROSENBERG TX 77471 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>148 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 106 | 0 | 59 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 94 | 88.7 | 81.7 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 76 | 71.7 | 77.7 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 65 | 61.3 | 66.9 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 76 | 71.7 | 64.7 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 61.3 | 61.6 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 1.7 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 20 | 18.9 | 31.6 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 10.4 | 3.6 |
| **Residents confined to chairs.** | 40 | 37.7 | 46.1 | 39.1 |
| **Residents requiring restraints.** | 62 | 58.5 | 31.7 | 31.7 |
| **Confused or disoriented residents.** | 64 | 60.4 | 59.0 | 55.8 |
| **Residents with bed sores.** | 4 | 3.8 | 5.1 | 4.7 |
| **Residents receiving special skin care.** | 11 | 10.4 | 23.2 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 3 | 0.4 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 2 | 0.3 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 2 | 0.3 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 58 | 7.5 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 4 | 0.5 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 2 | 0.3 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 1 | 0.1 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 42 | 5.5 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 90 | 11.7 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 108 | 14.0 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 34 | 4.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 29 | 3.8 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 59 | 7.7 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 12 | 1.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 45 | 5.9 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 46 | 6.0 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 184 | 23.9 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 41 | 5.3 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 7 | 0.9 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 35 | 4.6 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 32 | 4.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 40 | 5.2 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 61 | 7.9 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 7.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 37 | 4.8 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 165 | 21.5 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

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